


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-05-2005 90105 025 ***150.00

DOCUMENT # P98000104907 1. Entity Name D.O.K., INC.		
Principal Place of Business 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471	Mailing Address 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FUTCH, R WILLIAM 610 SE 17TH ST. OCALA, FL 34471		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
P KAPLAN, BARRY J 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
VP DISCLAFANI, ANTONIO 1901 SE 18TH AVE BLDG 101 OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-31-05 Daytime Phone # 352-622-3360

66021121



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0898695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	