# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P99000008048

1. Entity Name
DR. DOODLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 607 S. GLEN AVE.<br>SUITE C<br>TAMPA, FL 33609 US | 607 S. GLEN AVE.<br>SUITE C<br>TAMPA, FL 33609 US |

04132004 No Chg P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3568329
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON RON
607 S GLEN AVE
SUITE C
TAMPA FL 33609

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SIGNATURE: RON HUTCHINSON PRESIDENT DATE 04/13/04

~~FILE NOW: FEE IS $150.00~~
~~After May 1, 2004 Fee will be $550.00~~

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | HUTCHINSON, RON |
| STREET ADDRESS | 607 S. GLEN AVE. SUITE C |
| CITY ST ZIP | TAMPA, FL 33609 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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04/29/04-80092-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: RON HUTCHINSON 04/13/04 813.363.3814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #