

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90053 022 \*\*\*150.00

**DOCUMENT # P99000039786**

1. Entity Name  
3700 DOUGLAS BILLBOARD, INC.



Principal Place of Business  
39 EAST 6TH STREET  
HIALEAH, FL 33010

Mailing Address  
39 EAST 6TH STREET  
HIALEAH, FL 33010

**40068205**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0991349

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, RICHARD W  
39 EAST 6TH STREET  
HIALEAH, FL 33010

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HOLLINGSWORTH, JANE  
STREET ADDRESS 4733 CHEVY PLACE  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ~~EXIST~~ **DPST** ☐ Delete  
NAME GROSS, RICHARD W  
STREET ADDRESS 39 EAST 6TH STREET  
CITY-ST-ZIP HIALEAH, FL 33010

TITLE D ☐ Delete  
NAME POWERS, DEBORAH H  
STREET ADDRESS 337 WHISPERING WOODS DRIVE  
CITY-ST-ZIP BLUFF CITY, TN 37618

TITLE **DIRECTOR** ☐ Delete  
NAME **CALVIN HOLLINGSWORTH**  
STREET ADDRESS **5507 PITCH PINE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/08**  
Date

**305 883 5595**  
Daytime Phone #