

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90023 005 ***150.00

DOCUMENT # P99000044167

1. Entity Name

DOBBS ROAD PROPERTIES, INC.



Principal Place of Business

2645 DOBBS RD.
ST. AUGUSTINE FL 32086

Mailing Address

PO BOX 3545
ST AUGUSTINE FL 32085

44044340



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638849

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

PARSONS, MARK E ESQ.
3149 N. PONCE DE LEON BLVD., STE. 9
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name Same

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

1201 Arapaho Avenue

City St. Augustine

FL

Zip Code
32086

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SIMS, TOBY L
STREET ADDRESS 2645 DOBBS RD.
CITY - ST - ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ Delete
NAME ESTES, MOREAU P
STREET ADDRESS P.O. BOX 3545
CITY - ST - ZIP ST. AUGUSTINE FL 32085

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

904/826-4074

Daytime Phone #