


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90081 020 ***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			
2. Principal Place of Business 2309 Plantation Lake Dr. Suite, Apt. #, etc. St. Augustine Florida		3. Mailing Address Same as above			
City & State		City & State		03062006 Chg-P CR2E034 (11/05)	
Zip 32084		Country USA		4. FEI Number 59-3638849	
6. Name and Address of Current Registered Agent PARSONS, MARK E ESQ. 1201 ARAPAHO AVE. SAINT AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMS, TOBY L		NAME		
STREET ADDRESS	2645 DOBBS RD.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTES, MOREAU P		NAME		
STREET ADDRESS	P.O. BOX 3545		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32085		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Mark E. Parsons</u>		Director		Date: <u>March 8/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #: <u>904/826-4074</u>	