

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V30329 1. Entity Name DOHRING GROUP, INC.	
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Principal Place of Business 518 N. TAMPA STREET SUITE 300 TAMPA, FL 33602 US	Mailing Address 518 N. TAMPA STREET SUITE 300 TAMPA, FL 33602 US
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DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3123899	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOHRING, BRENDA J 14117 LAKE MAGDALENE BLVD TAMPA, FL 33618
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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 reissuing) DATE

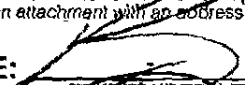
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOHRING, BRENDA J 14117 LAKE MAGDALENE BLV TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HICKS, R. J 14117 LAKE MAGDALENE BLVD. TAMPA, FL
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04/18/06-80021-003 150.00

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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 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 Date Daytime Phone #

3-29-06