


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90247 014 \*\*\*150.00

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| <b>DOCUMENT # V55529</b><br>1. Entity Name<br><b>DORISEY CORPORATION</b> |  |
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|---|---|
| Principal Place of Business<br><b>6611 US HWY 301 S<br/>RIVERVIEW FL 33569<br/>US</b> | Mailing Address<br><b>6611 US HWY 301 S<br/>RIVERVIEW FL 33569<br/>US</b> |
|---|---|

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| 2. Principal Place of Business<br><b>7815 Commerce St</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>7815 Commerce St</b><br>Suite, Apt. #, etc. |
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|                                     |                           |
|-------------------------------------|---------------------------|
| City & State<br><b>Riverview FL</b> | City & State<br><b>FL</b> |
| Zip<br><b>33569</b>                 | Country<br><b>US</b>      |

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| 4. FEI Number<br><b>59-3139237</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
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| 6. Name and Address of Current Registered Agent<br><b>D'AMICO, TERESA SHEREE P<br/>6611 US HWY 301 S<br/>RIVERVIEW FL 33569</b> |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.

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| SIGNATURE<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE |
|--|------|

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>D'AMICO, TERESA SHEREE<br>P.O. BOX 824<br>LITHIA FL 33547 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>3/16/06 813-671-2991</b><br><small>Date Daytime Phone #</small> |
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