ANNUAL REPORT

DOCUMENT # F0000002191

1. Entity Name

DONAHUEFAVRET CONTRACTORS, INC.



FILED Apr 05, 2004 08:00 AM Secretary of State

Principal Place of Business

PO BOX 159 MANDEVILLE, LA 70470 Mailing Address

PO BOX 159

DO NOT WRITE IN THIS SPACE

MANDEVILLE, LA 70470



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 72-0862513

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE THIS SPACE

And the first the second state of the second 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 NOWIII FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

H000000104199

After May 1, 2004 Fee will be \$550.00		musi Funa Conmodition.	ם	Acces to Fees	D4/05/04-80087-016 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONAHUE JR, JOHN L 1213 MAPLE RIDGE WAY COVINGTON, LA					
TITLE NAME STREET ADDRESS CRY-ST-ZIP	V FAVRET, ROBERT F 4909 HARRIS AVE METAIRIE, LA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DONAHUE, MAURA W 123 MAPLE RIDGE WAY COVINGTON, LA			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-7IP	T BOGANTES, DEBORAH H 72335 HWY 1077 COVINGTON, LA		1 To 44 days an		THIS SPACE	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	V DONAHUE III, JOHN L 67173 LOCKE ST. MANDEVILLE, LA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STORY THE RESTREET		

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: