

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000065312	
1. Entity Name DONATA'S ALTERATIONS, INC.	

Principal Place of Business
**5567 TAYLOR ROAD SUITE 6
NAPLES, FL 34109**

Mailing Address
**5567 TAYLOR ROAD SUITE 6
NAPLES, FL 34109**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3657164	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

**RIZZO, MARIA
5567 TAYLOR ROAD SUITE 6
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

6. 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

Donata's Alterations, Inc.

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

4-29-05

FILE NOW!!! FEE IS \$150.00^X
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PENSENTI, DONATA
4110 3RD AVE SW
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIZZO, MARIA
4760 7TH AVE SW
NAPLES, FL 34117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000355260
05/03/05-80139-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Donata's Alterations, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 2395974005

Date

Daytime Phone #