


2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2008-90046-013-\$150.00-\$150.00

DOCUMENT # P02000098032
 1. Entity Name
DON & ASSOCIATES, INC.



FILED

08 OCT -6 AM 9:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09012008 No Chg-P CR2E034 (11/05)

Principal Place of Business Mailing Address
 825 4TH STREET PO BOX 650296
 VERO BEACH, FL 32962 US VERO BEACH, FL 32965 US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0903815** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MANN, DONALD N JR.
 825 4TH STREET
 VERO BEACH, FL 32962

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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 *Don Mann Jr.* DATE 9/1/2008
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, JR., DONALD N 825 4TH ST VERO BEACH, FL 32962
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don Mann Jr.* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS