

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 044 \*\*\*158.75

**DOCUMENT # P06000150105**  
 1. Entity Name  
**A.A. DONNARAE REALTY & ASSOC., INC.**



Principal Place of Business      Mailing Address  
**1011 4TH STREET**      **1011 4TH STREET**  
**PANAMA CITY, FL 32409 US**      **PANAMA CITY, FL 32409 US**



07012008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>90-0293781</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARROTHERS, DONNA RAE**  
**1011 4TH STREET**  
**PANAMA CITY, FL 32409**

**DO NOT WRITE IN THIS SPACE**

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 *Donna R Carrothers*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*6-30-08*  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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	P/T CARROTHERS, DONNA RAE 1011 4TH STREET PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROTHERS, DONNA RAE 1011 4TH STREET PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <i>OMER</i> CARROTHERS, <i>ME</i> J.R. <i>1ST NAME</i> 1011 4TH STREET <i>L MIDDLE NAME</i> PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Donna R Carrothers*

*6-30-08*

07-01-08

ATTACHMENT

40109457

#P06000150105

Attention: Florida Department of State Division  
of Corporations:

Annual Reinstatement: to who it may concern

Due to My having a Laryngectomy (My Voice was  
Box Removed) Due to cancer and the untimely death of  
My Mother, My business was third on  
my mind.

I have just now gone back to work  
and request a 1 time waiver of my late  
fee of \$400.00

Enclosed is a check for reinstatement  
fee and certificate of reinstatement: \$158.75

Sincerely

A.A. Donna Rae Realty + Ass Inc  
Donna R. Canthess