

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046092

Entity Name: DONNER LE TON, INC.

FILED  
Feb 17, 2008  
Secretary of State

**Current Principal Place of Business:**

1764 TREE BLVD, SUITE 1-2  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

4208 WICKS LANE  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 59-3193964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASHMIRY-LOHR, LEILA  
1764 TREE BLVD, SUITE 1-2  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KASHMIRY-LOHR, LEILA  
Address: 4420 US ONE SOUTH, SUITE 4  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KASHMIRY-LOHR, LEILA  
Address: 1764 TREE BLVD., STE. 1  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEILA KASHMIRY LOHR

PRES

02/17/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date