

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075334

FILED
Mar 30, 2006
Secretary of State

Entity Name: 402 NORTH DONNELLY, INC.

Current Principal Place of Business:

8687 W. IRLO BRONSON MEM HWY.
SUITE 200
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

8687 W. IRLO BRONSON MEM HWY.
SUITE 200
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 59-3465020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASON, ROBERT F JR., PA
501 EAST FIFTH AVENUE
MOUNT DORA, FL 32756 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: DST () Delete
Name: LEARY, WILLIAM N
Address: 1115 E. LIVINGSTON STREET
City-St-Zip: ORLANDO, FL 32803

Title: DP () Delete
Name: FIELD, KEITH D
Address: 428 N DONNELLY ST SUITE 3
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM N LEARY

DST

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date