

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90238 043 ***150.00

DOCUMENT # P95000029954

1. Entity Name

DOONER MANAGEMENT, INC.



Principal Place of Business

1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102
US

Mailing Address

1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0596482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOONER, EUGENE C
1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D DOONER, EUGENE C.	<input type="checkbox"/> Delete
STREET ADDRESS	5386 SYCAMORE DRIVE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	STD DEVLIN, ROBERT E.	<input type="checkbox"/> Delete
STREET ADDRESS	6934 RAIN LILY COURT, #204	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE NAME	D DOONER, JOAN E	<input type="checkbox"/> Delete
STREET ADDRESS	6815 GLADYS STREET	
CITY-ST-ZIP	OTTER ROCK OR 97369	
TITLE NAME	D LEE, NANCY DOONER	<input type="checkbox"/> Delete
STREET ADDRESS	302 RIDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

Robert E. Devlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/04 239-263-6894