


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2006 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE



09052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0903815	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**MANN, DONALD N JR.
825 4TH STREET
VERO BEACH, FL 32962**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**000000576562
09/08/06-80005-002 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEGROOT MANN, CAROL 195 23RD AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Mann, Jr. 8-5-2006

Date

Daytime Phone #

**(772) 770-4772
772-7770**