

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029954

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: DOONER MANAGEMENT, INC.

## Current Principal Place of Business:

1010 FIFTH AVE S  
SUITE 300  
NAPLES, FL 34102 US

## New Principal Place of Business:

## Current Mailing Address:

1010 FIFTH AVE S  
SUITE 300  
NAPLES, FL 34102 US

## New Mailing Address:

FEI Number: 65-0596482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOONER, EUGENE C  
1010 FIFTH AVE S  
SUITE 300  
NAPLES, FL 34102 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: P ( ) Delete  
Name: DOONER, EUGENE C.  
Address: 5386 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34116

Title: STD ( ) Delete  
Name: DEVLIN, ROBERT E.  
Address: 6934 RAIN LILY COURT, #204  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: DOONER, JOAN E  
Address: P.O. BOX 388  
City-St-Zip: DEPOE BAY, OR 97341

Title: D ( ) Delete  
Name: LEE, NANCY DOONER  
Address: 5225 GOODLAND AVE  
City-St-Zip: VALLEY VILLAGE, CA 91607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DOONER, EUGENE C.  
Address: 5386 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34116

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

Title: D (X) Change ( ) Addition  
Name: DOONER, JOAN E  
Address: P.O. BOX 388  
City-St-Zip: DEPOE BAY, OR 97341

Title: D (X) Change ( ) Addition  
Name: LEE, NANCY  
Address: 302 RIDGE DR.  
City-St-Zip: NAPLES, FL 34108

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: DOONER, EUGENE C.

D

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date