

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000029954

**Entity Name:** DOONER MANAGEMENT, INC.

**Current Principal Place of Business:**

1010 FIFTH AVENUE SOUTH  
#300  
NAPLES, FL 34102

**Current Mailing Address:**

1010 FIFTH AVENUE SOUTH  
#300  
NAPLES, FL 34102 US

**FEI Number:** 65-0596482

**Certificate of Status Desired:** No

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

KELLY, CHARLES MJR.  
2390 TAMiami TRAIL NORTH  
SUITE 204  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title            SECRETARY/DIRECTOR  
Name            LEE, NANCY D.  
Address        302 RIDGE DRIVE  
City-State-Zip: NAPLES FL 34108

Title            TREASURER/DIRECTOR  
Name            DOONER, JOAN E.  
Address        P.O. BOX 388  
City-State-Zip: DEPOE BAY OR 97341

Title            PRESIDENT/DIRECTOR  
Name            DOONER, ANTON E.  
Address        P.O. BOX 8  
City-State-Zip: MONTEZUMA NC 28853

Title            VP  
Name            LEE, DERRILL E.  
Address        12908 BLOOMFIELD STREET  
                  #103  
City-State-Zip: STUDIO CITY CA 91604

*I hereby 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 all other like empowered.*

**SIGNATURE:** NANCY D LEE

**DIRECTOR**

**04/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date