


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------|---|--|--|
| DOCUMENT # 284033 1. Entity Name DONETTIE INVESTMENTS, INC. | | | |  | |
| Principal Place of Business 1530 NE SEAHORSE PL JENSEN BEACH FL 34957 | | | Mailing Address 1530 NE SEAHORSE PL JENSEN BEACH FL 34957 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1108808 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DON WILSON 1530 N.E. SEAHORSE PL JENSEN BEACH FL 34957 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D WILSON, ALMA L. 1530 N.E. SEAHORSE PL JENSEN BEACH FL 34957 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PT WILSON, DONALD J. 1530 N.E. SEAHORSE PL JENSEN BEACH FL 34957 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD WILSON, DONALD L. 1540 NE SEAHORSE PLACE JENSEN BEACH FL 34957 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Don Wilson DON WILSON Feb 17, 2007 772-225-4697 | | | | | |



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