

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90010 029 \*\*\*150.00

<b>DOCUMENT # 449131</b> 1. Entity Name <b>DO STAY, INC.</b>					
Principal Place of Business <b>1095 A1A JUPITER, FL 33477</b>			Mailing Address <b>19 OCEAN DRIVE JUPITER, FL 33469</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1550419</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATHIAS, MICHAEL 1722 COCONUT DRIVE FORT PIERCE, FL 34949</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD MATHIAS, STACEY 1722 COCONUT DR FORT PIERCE, FL 34949</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BROWN, ELBERT R 19 OCEAN DR. JUPITER, FL 33469</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD BROWN (VIOLA) 19 OCEAN DRIVE JUPITER, FL</b>	<input type="checkbox"/> Delete			
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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: <i>Viola Brown</i> <b>VIOLA BROWN, SECY-TREAS. 8/25/08</b> <b>561-747-7257</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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08212008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1550419**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MATHIAS, MICHAEL  
1722 COCONUT DRIVE  
FORT PIERCE, FL 34949**

7. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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SIGNATURE: *Viola Brown* **VIOLA BROWN, SECY-TREAS. 8/25/08** **561-747-7257**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR