## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State **DOCUMENT #507169** 04-03-2006 90390 023 \*\*\*150.00 1. Entity Name DONOVAN REALTY, INC. Mailing Address Principal Place of Business 223 E. GOVERNMENT ST. 223 E. GOVERNMENT ST. PENSACOLA, FL 32501 PENSACOLA, FL 32501 Change zip code 2. Principal Place of Bosiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 59-1680156 Not Applicable Country 32502 Country \$8.75 Additional <sup>zi</sup>32502 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONOVAN, JOHN C., SR. Street Address (P.O. Box Number is Not Acceptable) 2131 BANQUOS TRAIL PENSACOLA, FL 32508 \* Address change only Zip 500 2 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Address change only 223 E. Government St. ☐ Delete TITLE Change | ☐ Addition TITLE DONOVAN SR. JOHN C NAME NAME 2131 BANQUOS TRAIL STREET ADDRESS STREET ADDRESS bnsaro la PENSACOLA, FL 00000, CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition DONOVAN, MARTIN J NAME NAME 4005 AIKEN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32503 ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-719 ☐ Detete ☐ Change ☐ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of supplemental report is tree 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.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

3/23/2001 850 432-6164