

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 672917**

1. Entity Name  
**THE DONLYNN CO., INC.**



Principal Place of Business  
**13484 SE 101ST AVE  
BELLEVIEW, FL 34420 US**

Mailing Address  
**13484 SE 101ST AVE  
BELLEVIEW, FL 34420 US**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2006362**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**RITTER, G. DON  
703 S.E. FT KING ST.  
OCALA, FL 32670**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000116774  
04/16/04-80079-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BILYOU, WILBUR D JR
STREET ADDRESS	13484 SE 101 AVE
CITY - ST - ZIP	BELLEVIEW, FL
TITLE	ST
NAME	BILYOU, SUSAN
STREET ADDRESS	13484 SE 101 AVE
CITY - ST - ZIP	BELLEVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Wilbur D. Bilyou, Jr.*  
**WILBUR D. BILYOU, JR.**

Date

Daytime Phone #

**352-288-6930**