

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90228 016 ***150.00

DOCUMENT # F27692 1. Entity Name DON-AL, INC.					
Principal Place of Business 325 NO ORLANDO AVENUE P. O. BOX 320680 COCOA BEACH, FL 32932-7680				Mailing Address 325 NO ORLANDO AVENUE P. O. BOX 320680 COCOA BEACH, FL 32932-7680	
2. Principal Place of Business - No P.O. Box # <u>2447 N. Wickham Rd</u> Suite, Apt. #, etc. <u># 140</u>		3. Mailing Address <u>2447 N. Wickham</u> Suite, Apt. #, etc. <u># 140</u>			
City & State <u>Melbourne, FL</u>		City & State <u>Melbourne, FL</u>		4. FEI Number <u>59-2087211</u>	
Zip <u>32935</u>		Country <u>BREVARD</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENSLER, MICHAEL P 325 NO ORLANDO AVENUE COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Michael Gensler (Same)</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-24-07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	DP GENSLER, MICHAEL P 408 SURF ROAD MELBOURNE BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENSLER, DONNA S 408 SURF ROAD MELBOURNE BCH., FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Michael Gensler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-25-07</u> Daytime Phone # <u>321-752-0500</u>		