,2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F41166 1. Entity Name DONERYN ESTATE, INC.

Principal Place of Business

% TIMOTHY K. MARIANI 1550 S. HIGHLAND AVENUE CLEARWATER, FL. 34616 Mailing Address

% TIMOTHY K. MARIANI 1550 S. HIGHLAND AVENUE CLEARWATER, FL 34616

FILED Feb 02, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 01112004

4. FEI Number		Applied For
59-2114774		Not Applicable
5. Certificate of Status Desired	1 (7	8.75 Additional

CR2E034 (10/03)

Fee Required

No Chg-P

6. Name and Address of Current Registered Agent

MARIANI, TIMOTHY K.
1550 S. HIGHLAND AVENUE
CLEARWATER, FL 34616

DO NOT WRITE
IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typeri or printed name of registered agent and tide of	t applicable. (NOTE Registered A	gent signature required when reinstalling)	DATE
FIL. After Mi	E NOW!!! FEE 18 \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ST. 35.00 May Be	000000026957 02/03/04-80028-020 150.00
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PLATT, REGINA M 9852 83RD ST. N. SEMINOLE, FL			
TITLE HAME STREET ADDRESS CITY-ST-ZEP				
HILE NAME STREET ADDRESS CHY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-JP				·
TITLE NAME STREET ADDRESS CITY-ST-21P				
12 Ibarahu	and the that the information condical with this f	iling door not guslify for the avera	ntion etatori in Section 119 07/3\	(ii) Florida Statutes, I further certify that the information

12. Hereby certify that the information supplied with this liking does not quality for the exemption stated in Section 119.07(3)(f), Fronda Statutes. Frontain 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 oals; 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: SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNATO OFFICER OR DREE

Daysime Phone #