


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|  |                                      |                    |  |   |  |
|--|--------------------------------------|--------------------|--|---|--|
| <b>DOCUMENT # F98000000424</b><br>1. Entity Name<br><b>DONDINE, INC.</b>   |                                      |                    |  |   |  |
| Principal Place of Business<br><b>2070 NAAMANS ROAD #266<br/>WILMINGTON DE 19810</b>   |                                      |                    | Mailing Address<br><b>2139 LAVACA ROAD<br/>JACKSONVILLE FL 32217</b>   |   |  |
| 2. Principal Place of Business   |                                      | 3. Mailing Address |  |   |  |
| Suite, Apt. #, etc   |                                      | Suite, Apt. #, etc |  |   |  |
| City & State   |                                      | City & State       |  |   |  |
| Zip  | Country                              | Zip                | Country  | 4. FEI Number <b>52-2013243</b> <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applied         </div> |  |
| 5. Name and Address of Current Registered Agent  |                                      |                    |  | 6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>GRAMLING, NADINE<br/>2139 LAVACA RD<br/>JACKSONVILLE FL 32217</b>   |                                      |                    |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                      |                    |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                      |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |                                      |                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE  | PCTD <input type="checkbox"/> Delete |                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME   | GRAMLING, NADINE                     |                    | NAME   |   |  |
| STREET ADDRESS   | 2139 LAVACA RD                       |                    | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | JACKSONVILLE FL 32217                |                    | CITY-ST-ZIP  |   |  |
| TITLE  | SD <input type="checkbox"/> Delete   |                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME   | GRAMLING, DONNIE                     |                    | NAME   |   |  |
| STREET ADDRESS   | 2139 LAVACA RD                       |                    | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | JACKSONVILLE FL 32217                |                    | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME   |                                      |                    | NAME   |   |  |
| STREET ADDRESS   |                                      |                    | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                      |                    | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME   |                                      |                    | NAME   |   |  |
| STREET ADDRESS   |                                      |                    | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                      |                    | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| 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 Section 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. |                                      |                    |  |   |  |
| <b>SIGNATURE:</b> <i>Nadine Gramling</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                      |                    | 1-24-06 904-737-7037<br><small>Date Daytime Phone #</small>  |   |  |



1st MOORE CR2E034 (10/05)

Applied For  
Not Applied

**FL** Zip Code

**U000000403500** ☐ Change ☐ Add  
**02/06/06-80009-016 150.00**