

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F99000005114**

1. Entity Name  
**J.P. DONOVAN CONSTRUCTION, INC.**



Principal Place of Business  
**621 SO. PARK AVENUE  
STE 10  
TITUSVILLE, FL 32796 US**

Mailing Address  
**P.O. BOX 5666  
TITUSVILLE, FL 32783 US**



05102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>77-0501204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DONOVAN, JOHN P JR  
210 GRANT RD  
MERRITT ISLAND, FL 32953**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DONOVAN, JOHN P JR.
STREET ADDRESS	210 GRANT RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

TITLE	VST
NAME	DONOVAN, TIFFANY M
STREET ADDRESS	210 GRANT RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John P. Donovan, Jr.**  
*President*

**10 May 05**  
Date

**321.383.1171**  
Daytime Phone #