


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90065 016 \*\*\*150.00

<b>DOCUMENT # F99000005114</b> 1. Entity Name <b>J.P. DONOVAN CONSTRUCTION, INC.</b>					
Principal Place of Business <b>621 SO. PARK AVENUE TITUSVILLE, FL 32796 US</b>			Mailing Address <b>P.O. BOX 5666 TITUSVILLE, FL 32783 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>77-0501204</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONOVAN, JOHN P JR 210 GRANT RD MERRITT ISLAND, FL 32953</b>				7. Name and Address of New Registered Agent Name <b>Donovan, John P. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5835 North Tropical Trail</b> City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32953</b>	
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 <b>John P. Donovan, Jr.</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DONOVAN, JOHN P JR. 210 GRANT RD MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President John P. Donovan Jr. 5835 North Tropical Trail Merritt Island, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST DONOVAN, TIFFANY M 210 GRANT RD MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres/Secretary/Treasurer Tiffany M. Donovan 5835 North Tropical Trail Merritt Island, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: John P. Donovan, Jr.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>321-383-1171</b> <small>Date Daytime Phone #</small>	