07-08-2005 90024 006 ***150.00
G30532

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 26 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G30532

1. Entity Name
DONLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9899 SW 186TH AVE PO BOX 928 DUNNELLON, FL 34432 US	8 PO BOX 928 DUNNELLON, FL 34430-0928 US

07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2290353
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRETT, H. JAMES, ATTY.
20093 E. PENNSYLVANIA AVE.
P.O. BO 2480
DUNNELLON, FL 34430

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	HANCHAR, DONALD L
STREET ADDRESS	9899 SW 186TH AVE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	DV
NAME	HANCHAR, LEIGH A.
STREET ADDRESS	9899 SW 186TH AVE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	DS
NAME	SMITH, JAMES M
STREET ADDRESS	8392 SW 203RD CT
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	DT
NAME	HANCHAR, DONALD L II
STREET ADDRESS	11575 VOGIT SPRINGS RD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ LEIGH A. HANCHAR 7-6-05 352-489-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #