2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30532

Address:

City-St-Zip:

DUNNELLON, FL 34431

Entity Name: DONLE ENTERPRISES, INC.

FILED May 01, 2009 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place o	f Business:	
	186TH AVE .ON, FL 3443	2 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9899 SW 186TH AVE. PO BOX 928 DUNNELLON, FL 344300928 US			P.O. BOX 928	P.O. BOX 928 DUNNELLON, FL 34430 09	
			DUNNELLON, FL 3443		
FEI Number	: 59-2290353	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
20093 É. F P.O. BO 2	. JAMES, ATT PENNSYLVAN 480 .ON, FL 3443	IIA AVE.			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	DP () Delete	Title: () Change () Addition	
Name:	HANCHAR, DO	DNALD L	Name:		
Address:	9899 SW 186		Address:		
City-St-Zip:	DUNNELLON,	FL 34432	City-St-Zip:		
Title:	DV () Delete	Title: () Change () Addition	
Name:	HANCHAR, LE	•	Name:	,g- ()	
Address:	9899 SW 186		Address:		
City-St-Zip:	DUNNELLON,	FL 34432	City-St-Zip:		
Title:	DS () Delete	Title: () Change () Addition	
Name:	SMITH, JAMÈ		Name:	, , ,	
Address:	8392 SW 203	RD CT	Address:		
City-St-Zip:	DUNNELLON,	FL 34431	City-St-Zip:		
Title:	DT () Delete	Title: () Change () Addition	
Name:	HANCHAR, DO	DNALD L II	Name:		
Address:	11575 VOGIT	SPRINGS RD	Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEIGH A. HANCHAR DV 05/01/2009