

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90316 032 \*\*\*150.00

**DOCUMENT # G78324**

1. Entity Name

JOHN E. DONAHOE, P.A.



Principal Place of Business

633 SE 3RD AVE  
SUITE 301  
FT LAUDERDALE FL 33301  
US

Mailing Address

633 SE 3RD AVE  
SUITE 301  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

9241 So. ORCHARD Rd. N.  
Suite, Apt. #, etc.

3. Mailing Address

9241 So. ORCHARD Rd. N.  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DAVIE FL.

City & State

DAVIE FL.

4. FEI Number

59-2351601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONAHOE, JOHN E  
633 SE 3RD AVE  
SUITE 301  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: JOHN E. DONAHOE  
Street Address (P.O. Box Number is Not Acceptable): 9241 So. ORCHARD Rd. N.  
City: DAVIE FL Zip Code: 33328

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

John E. Donahoe

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE: DPST  
NAME: DONAHOE, JOHN E.  
STREET ADDRESS: 9241 SOUTHERN ORCHARD RD N  
CITY-ST-ZIP: DAVIE FL 33328

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
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CITY-ST-ZIP:   
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TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

John E. Donahoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/04 954-452-9348

Date Daytime Phone #