

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # G96555**

1. Entity Name  
**DONKAR ENTERPRISES, INCORPORATED**



Principal Place of Business  
**5202 COTO PLACE  
VALRICO, FL 33594 US**

Mailing Address  
**PO BOX 32  
VALRICO, FL 33595 US**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2403887**

Applied For  
Not Applicable

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

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

**MARSH, DONALD C.  
5202 COTO PLACE  
VALRICO, FL 33594**

**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 file 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MARSH, DONALD C.
STREET ADDRESS	4704 FAIRLEA DRIVE
CITY-ST-ZIP	VALRICO, FL
TITLE	STD
NAME	MARSH, KAREN J.
STREET ADDRESS	4704 FAIRLEA DRIVE
CITY-ST-ZIP	VALRICO, FL
TITLE	V
NAME	MARSH, K. TODD
STREET ADDRESS	1722 POWDER RIDGE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000008073  
01/20/04-80050-009 158.75

**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)(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:**

*[Signature]* **D. C. Marsh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President*

*1/14/04*  
Date

*813 681-6557*  
Daytime Phone #