ANNUAL REPORT

DOCUMENT # G96555

1. Entity Name

DONKAR ENTERPRISES, INCORPORATED



FILED Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90032 041 ***158.75

					460.00	III.				
Principal Place 5202 COTO I VALRICO, FL	PLACE	s US	Mailing Address PO BOX 32 VALRICO, FL 33595	US						
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2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072005	Chg-P	CR2E03	4 (10/03)
City & State			City & State				4. FEI Number 59-240		•	Applied For Not Applicable
Zip		Country	Zip	Zip Country			5. Certificate	of Status Desired	**	8.75 Additional ee Required
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered A	gent
					Name					
MARSH, D 5202 COT VALRICO,	O PLACE		Street Addre			ddress (P	s (P.O. Box Number is Not Acceptable)			
77.E7.50, 7.2 dodo?						,				
2					City		. FL Zip Code			Zip Code
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										
	•	. 1. 1								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO OF		DIRECTORS IN 11
TITLE	PD	- %	☐ Delete	πı					Change Addition	
NAME STREET ADDRÉSS	MARSH, DONALD C. 4 704 FAIRLEA DRIV E			NAM STR		5202 COTO Pla		C E	;	SMITT ADMITS)
CITY-ST-ZIP	VALRICO				-ST-ZIP		,			
TITLE	STD		☐ Delete	πι	E					Change Addition
NAME		MARSH, KAREN J. 4 704 FAIRLEA DR IVE		NAM	EET ADDRESS 520		102 CoTo Place		•	strat address
STREET ADDRESS CITY-ST-ZIP	VALRICO				r-ST-ZIP	000				
TITLE	V		☐ Delete	ПΤ	.E	····· -	•			Change Addition
NAME		K. TODD		NAM		i				
STREET ADDRESS CITY-ST-ZIP	1	WDER RIDGE DR), FL 33594		4	EET ADDRESS /- St-zip					
TITLE	VALRICO	7,11, 33394	□ Delete	m						Change Addition
NAME				NAN						
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP		. <u>-</u> .	,		Y-ST-ZIP					☐ Change ☐ Addition
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STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP	<u> </u>				
TITLE			☐ Delete	TITI. Nak						☐ Change ☐ Addition
NAME STREET ADDRESS				- 6	EET ADDRESS					
CITY-ST-ZIP]		.=	cm	Y-ST-ZIP			•		

12. I hereby certify that the information supplied with this filling 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 111(f) changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED MAKE OF SIGNING OFFICER OF DIRECTOR

813-681-6587