


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90010 044 ***150.00

DOCUMENT # H31436 1. Entity Name JAMES M. DONOHOE, JR., P.A.					
Principal Place of Business 4001 NEWBERRY RD SUITE C-1 GAINESVILLE, FL 32607-2380			Mailing Address 40001 NEWBERRY RD. SUITE C-1 GAINESVILLE, FL 32607-2380		
2. Principal Place of Business 5214-A SW 91st Drive Suite, Apt. #, etc.		3. Mailing Address 5214-A SW 91st Drive Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-2465309	
Zip 32608-3006		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONOHUE, JAMES M., JR. 4001 NEWBERRY RD. SUITE C-1 GAINESVILLE, FL 32607-2380			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5214-A SW 91st Drive City Gainesville FL Zip Code 32608-3006		
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 <u><i>James M. Donohoe, Jr.</i></u> March 30, 2004 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSC DONOHUE, JAMES M., JR. 4001 NEWBERRY RD. SUITE C-1 GAINESVILLE, FL 326072380		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE: <u><i>James M. Donohoe, Jr.</i></u> James M. Donohoe, Jr. March 30, 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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