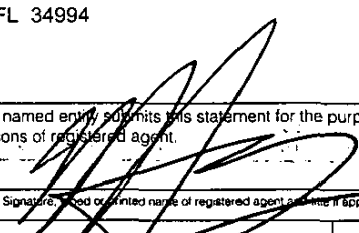
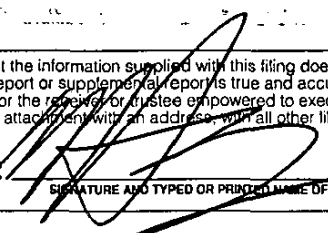


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 035 ***150.00

DOCUMENT # L19201 1. Entity Name JOHN DONOVAN ENTERPRISES-FLORIDA, INC.					
Principal Place of Business 2951 SE DOMINICA TERR. STUART, FL 34997			Mailing Address 2951 SE DOMINICA TERR. STUART, FL 34997		
2. Principal Place of Business 3353 Gran Park Way Suite, Apt. #, etc.			3. Mailing Address 3353 Gran Park Way Suite, Apt. #, etc.		
City & State Stuart FL		City & State Stuart FL		4. FEI Number 38-1941980	
Zip 34997		Country		5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD J. DUNGEY 1100 S. FEDERAL HIGHWAY STUART, FL 34994				7. Name and Address of New Registered Agent Name Michael F. Ciferri Sr Street Address (P.O. Box Number is Not Acceptable) 3353 Gran Park Way City Stuart State FL Zip Code 34997	
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:  DATE: 2/18/05 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$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	DP CIFERRI, MICHAEL F. 3353 SE GRAN PKWY. STUART, FL 34997		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE 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 reports 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: 			Date: 2/18/05 Daytime Phone #: 772-286-3350		

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01042005 Chg-P CR2E034 (10/03)