
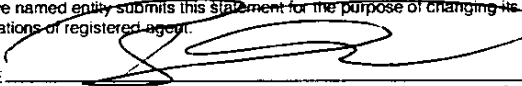
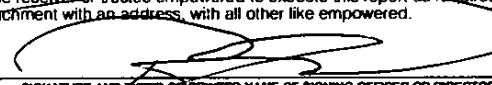


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 022 ***150.00

DOCUMENT # L22117 1. Entity Name DONEGAN PROPERTIES INC.			
Principal Place of Business % BARRY COMPTON 1130 E DONEGAN AVE SUITE 4 KISSIMMEE FL, 34744		Mailing Address % BARRY COMPTON 1130 E DONEGAN AVE SUITE 4 KISSIMMEE FL, FL 34744 US	
2. Principal Place of Business - No P.O. Box # 1112 E. Donegan Ave Suite, Apt. #, etc.		3. Mailing Address 1112 E. Donegan Ave Suite, Apt. #, etc.	
City & State Kissimmee FL Zip 34744		City & State Kissimmee FL Zip 34744	
4. FEI Number 59-2970107		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPTON, BARRY 1130 E. DONEGAN AVE SUITE 4 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 40%; text-align: right;"> 4/30/07 <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PT	NAME DEETZ, MYRON	<input type="checkbox"/> Delete	
STREET ADDRESS 268 VILLA VISTA AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LEWISBURG, PA 17837			
TITLE VS	NAME COMPTON, BARRY	<input type="checkbox"/> Delete	
STREET ADDRESS 1130 E DONEGAN AVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL			
TITLE VS	NAME Compton, Barry	<input type="checkbox"/> Delete	
STREET ADDRESS 1112 E. Donegan Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Kissimmee, FL 34744			
TITLE VS	NAME Compton, Barry	<input type="checkbox"/> Delete	
STREET ADDRESS 1112 E. Donegan Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Kissimmee, FL 34744			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/07 407-933-2554 <small>Date Daytime Phone #</small>	