2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L56594

1. Entity Name
DONNAN INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
12909 NW 43 LN OCALA, FL 34482 US	12909 N.W. 43RD LANE OCALA, FL 34482 US

DO NOT WRITE IN THIS SPACE

03252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0181748	Not Applicable

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

6. Name and Address of Current Registered Agent

DONNAN, VICKI
12909 N.W. 43RD LANE
OCALA, FL 34482

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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 title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE 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

TITLE	D
NAME	DONNAN, VICKI
STREET ADDRESS	12909 NW 43 LANE
CITY-ST-ZIP	OCALA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Vicki Donnan / Vicki Donnan 4/25/05 867-5093_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #