

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L57336

1. Entity Name
MISS DONNA J., INC.



Principal Place of Business
**233 WATER ST
APALACHICOLA, FL 32320**

Mailing Address
**P. O. BOX 697
APALACHICOLA, FL 32329-0697 US**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3000712

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHULER, J GORDON
34 4TH AVE
APALACHICOLA, FL 32320**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	WARD, OLAN B
STREET ADDRESS	111 AVENUE C
CITY - ST - ZIP	APALACHICOLA, FL
TITLE	D
NAME	WARD, WALTER W
STREET ADDRESS	254 HWY 98
CITY - ST - ZIP	APALACHICOLA, FL
TITLE	ST
NAME	WARD, DONNA J.
STREET ADDRESS	254 HWY 98
CITY - ST - ZIP	APALACHICOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/21/04-80059-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Donna J. Ward - Donna J. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 850-653-8790
Date Daytime Phone #