

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57336

Entity Name: MISS DONNA J., INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

233 WATER ST
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

254 HIGHWAY 98
APALACHICOLA, FL 32320 US

New Mailing Address:

P.O. BOX 697
APALACHICOLA, FL 32320 US

FEI Number: 59-3000712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, THOMAS L
Address: 137 LONG AVE
City-St-Zip: APALACHICOLA, FL 32320 US

Title: D () Delete
Name: WARD, WALTER W
Address: 254 HWY 98
City-St-Zip: APALACHICOLA, FL 32320 US

Title: ST () Delete
Name: WARD, DONNA J.
Address: 254 HWY 98
City-St-Zip: APALACHICOLA, FL 32320 US

Title: D () Delete
Name: WARD, WALTER M
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WARD, THOMAS L
Address: 137 LONG AVE
City-St-Zip: APALACHICOLA, FL 32320 US

Title: D (X) Change () Addition
Name: WARD, WALTER W
Address: 254 HWY 98
City-St-Zip: APALACHICOLA, FL 32320 US

Title: ST (X) Change () Addition
Name: WARD, DONNA J
Address: 254 HWY 98
City-St-Zip: APALACHICOLA, FL 32320 US

Title: MGRD (X) Change () Addition
Name: WARD, WALTER M
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32320 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER M WARD

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date