


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M88657
1. Entity Name
DONAHUE B. SILVIS, INC.



Principal Place of Business
**1601 SANTA BARBARA
NAPLES, FL 34116**

Mailing Address
**3770 25TH AVE SW
NAPLES, FL 34117-7128**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0064044 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVIS, DONAHUE B.
1600 SANTA BARBARA
NAPLES, FL 34116**

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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, 2006 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	SILVIS, DONAHUE B.
STREET ADDRESS	3770 25 AVE SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80073-025 150.00

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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: Donahue B. Silvis Director 1/6/06 (239) 352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #