

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90181 041 ****61.25

DOCUMENT # N01000007428

1. Entity Name
DONALD'S HONOR, INC.



Principal Place of Business
**1727 N.E. 40TH STREET
OAKLAND PARK, FL 33334**

Mailing Address
**1727 N.E. 40TH STREET
OAKLAND PARK, FL 33334**

40069834



2. Principal Place of Business
71 N.E. 48th Street

3. Mailing Address
71 N.E. 48th Street

Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

City & State
Oakland Park, FL

City & State
Oakland Park, FL

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Zip
33334

Country
U.S.A.

Zip
33334

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DONALD
1727 N.E. 40TH STREET
OAKLAND PARK, FL 33334**

Name
DAVIS, DONALD

Street Address (P.O. Box Number is Not Acceptable)
71 N.E. 48th Street

City
Oakland Park, FL

Zip Code
33334

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 *Donald Davis* **DONALD DAVIS** **April 25, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, DONALD 1727 NE 40TH STREET OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, DONALD 71 N.E. 48th Street Oakland Park, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Donald Davis* **DONALD DAVIS** **954-492-1022**

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