

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 004 ***150.00

DOCUMENT # P00000056050

1. Entity Name
DONAHUE INVESTMENTS, INC.



Principal Place of Business
**3971 GULF SHORE BOULEVARD NORTH
PH-201
NAPLES, FL 34103**

Mailing Address
**5811 PELICAN BAY BLVD
STE 600
NAPLES, FL 34108**

17010001



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BOULEVARD - SUITE 600
NAPLES, FL 34108**

**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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTM D DONAHUE, D. JOSEPH 3971 GULF SHORE BLVD., NORTH PH-201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAHUE, CRAIG J 3971 GULF SHORE BLVD., NORTH PH-201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SHEFLOTT, GAIL H 3971 GULF SHORE BLVD., NORTH PH-201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST D DONAHUE, BRUCE E 3971 GULF SHORE BLVD., NORTH PH-201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Joseph Donahue

[Signature]
Date

Daytime Phone #