

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 041 ***150.00

DOCUMENT # P00000067236

1. Entity Name

DONCO ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2374 "A" RD.
LOXAHATCHEE FL 33470

2374 "A" RD.
LOXAHATCHEE FL 33470

94015910



MOORE

CR2E034 (11/03)

2. Principal Place of Business

16724 63rd North

3. Mailing Address

SAME AS (#2)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

4. FEI Number

65-1074891

Applied For

Not Applicable

Zip

33470

Country

PALESTINE

Zip

Country

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

LAVOIE, DONALD SCOTT
2374 "A" RD.
LOXAHATCHEE FL 33470

Name **DONALD SCOTT - LAVOIE**

Street Address (P.O. Box Number is Not Acceptable)

16724 63rd N

City **LOXAHATCHEE**

FL

Zip Code **33470**

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 Scott Lavoie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAVOIE, DONALD SCOTT**
CITY-ST-ZIP **2374 "A" RD. 16724 63rd North LOXAHATCHEE FL 33470**

TITLE ☐ Change ☒ Addition
NAME **STEPHEN M. BROOKER**
STREET ADDRESS **13530 52nd CT N TREASURE**
CITY-ST-ZIP **LOXAHATCHEE FL. 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donald Scott Lavoie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD SCOTT LAVOIE

2/11/04

Date

561-792-1909

Daytime Phone #