
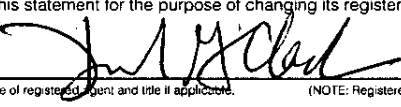
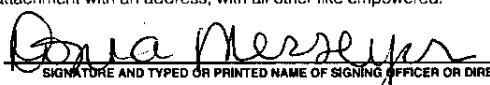


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 050 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P00000073230 1. Entity Name DONNA M. MESSENGER, INC. | | | |  | |
| Principal Place of Business 1133 FOURTH ST SUITE 206 SARASOTA, FL 34236 | | | Mailing Address P.O. BOX 9 SARASOTA, FL 34230-0009 | | |
| 2. Principal Place of Business 6458 Shoal Creek St Cir | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Bradenton FL | | City & State | | 4. FEI Number 65-0988590 | |
| Zip 34202 | | Country Sarasota | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NELSON, JAMIE L 1133 4TH ST., STE. 206 SARASOTA, FL 34236 | | | 7. Name and Address of New Registered Agent Name David G. Cladin CPA Street Address (P.O. Box Number is Not Acceptable) 3650 Webber St. Suite H City Sarasota FL Zip Code 34232 | | |
| 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  | | | DATE 4-28-04 | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MESSENGER, DONNA M 1133 4TH ST., STE. 206 SARASOTA, FL 34236 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSP Messenger, Donna M. 6458 Shoal Creek St. Cir Bradenton FL 34202 | <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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| 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:  | | | DATE 4-28-04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |