2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000018800

1. Entity Name DONAHUE & SON, INC.



Principal Place of Business

6720 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243 Mailing Address

6720 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243

FILED Apr 15, 2004 08:00 AM Secretary of State



04122004

No Chg-P

CR2E034 (10/03)

4.	FEI Number		Applied For
	65-1080184		Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6.	Name	and	Address of	Current Re	gistered	Agent

DONAHUE, BILLY 6720 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
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 Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
Title Name Street address City-ST-Zip	D DONHAUE, BILLY 6720 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243				U00000113801 04/15/04-80024-013 150.00			
title Name Street address City-St-Zip				••				
title Name Street address City-St-Zip				DO	NOT WRITE			
title Name Street address City-St-Zip				IN .	THIS SPACE			
title Name Street address City-St-Zip			•					
TITLE 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.								

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR