

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059494

1. Entity Name
DONLEY ENTERTAINMENT, INC.



Principal Place of Business

62 SUNSET KEY DR
KEY WEST, FL 33040

Mailing Address

1468 TOWNSHIP RD 853
ASHLAND, OH 44805

FILED
Apr 23, 2007 08:00 A
Secretary of State



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1114483

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DONLEY, ROSEMARIE
62 SUNSET KEY DR
KEY WEST, FL 33040

**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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DONLEY, SCOTT
STREET ADDRESS 1468 TOWNSHIP RD 853
CITY - ST - ZIP ASHLAND, OH 44805

TITLE D
NAME DONLEY, ROSEMARIE
STREET ADDRESS 62 SUNSET KEY DR
CITY - ST - ZIP KEY WEST, FL 33040

TITLE
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CITY - ST - ZIP

U00000725887
05/03/07-80040-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #