

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088491

FILED
Mar 30, 2007
Secretary of State

Entity Name: DONNELLY WEB PAGES, INC.

Current Principal Place of Business:

P.O. BOX 1646
NEW SMYRNA BCH, FL 32170

New Principal Place of Business:

2271 SIERRA DRIVE
NEW SMYRNA BCH, FL 32168

Current Mailing Address:

P. O. BOX 1646
NEW SMYRNA BCH, FL 321701646

New Mailing Address:

FEI Number: 59-3741881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, MARY
2271 SIERRA DRIVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CARITHERS, ROBERT P
Address: 605 S. ORANGE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP/T () Delete
Name: CRAWFORD, MARY M
Address: 2271 SIERRA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S/D () Delete
Name: WEAVER, GARY
Address: 2551 MAY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T/ (X) Change () Addition
Name: CRAWFORD, MARY M
Address: 2271 SIERRA DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HUMPHREY, JAMES D
Address: 412 S TIMBERLANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Change (X) Addition
Name: SIMMONS, DAVID L
Address: 2218 DOSTER DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M CRAWFORD

DVP

03/30/2007

Electronic Signature of Signing Officer or Director

_____ Date