

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000088491

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** DONNELLY WEB PAGES, INC.

**Current Principal Place of Business:**

2271 SIERRA DRIVE  
NEW SMYRNA BCH, FL 32168

**New Principal Place of Business:**

**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 M  
2271 SIERRA DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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

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: MARY M CRAWFORD

05/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: CRAWFORD, WARREN W  
Address: 2271 SIERRA DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D  
Name: BUTT, GARY D  
Address: 1853 GUAVA DRIVE  
City-St-Zip: EDGEWATER, FL 32141

I hereby 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 all other like empowered.

SIGNATURE: MARY M CRAWFORD

S/T

05/12/2010

Electronic Signature of Signing Officer or Director

Date