

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90317 021 \*\*\*158.75

<b>DOCUMENT # P01000090581</b> 1. Entity Name <b>DON MYERS SERVICES, INC.</b>					
Principal Place of Business <b>1826 CENTRAL PARK AVE. ORLANDO, FL 32807</b>			Mailing Address <b>1826 CENTRAL PARK AVE. ORLANDO, FL 32807</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MYERS, DON C</b> <b>1826 CENTRAL PARK AVE.</b> <b>ORLANDO, FL 32807</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VILE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MYERS, DONALD C		NAME	RICHARD J. NICOLAI	
STREET ADDRESS	1826 CENTRAL PARK AVE.		STREET ADDRESS	1831 CENTRAL PARK AVE.	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWAGER, KAREN		NAME		
STREET ADDRESS	825 TOWERING OAK WAY		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICARS, DAMIAN S		NAME		
STREET ADDRESS	1826 CENTRAL PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, CHARLES J		NAME		
STREET ADDRESS	1826 CENTRAL PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Don Myers</i>			<i>DONALD MYERS PRESIDENT</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <i>3/9/05</i>		
			<small>Daytime Phone #</small> <i>4075956805</i>		