


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000034766 1. Entity Name DOON FLORIDA TEXTILE INC.	
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Principal Place of Business 1523 EDEN ISLE BLVD., #135 SAINT PETERSBURG, FL 33704	Mailing Address 1523 EDEN ISLE BLVD., #135 SAINT PETERSBURG, FL 33704
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**DO NOT WRITE IN THIS SPACE**



07242004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0758739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WALI, FARNAZ 1523 EDEN ISLE BLVD. #135 SAINT PETERSBURG, FL 33704	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALI, SABIH 1523 EDEN ISLE BLVD., #135 SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FARNAZ, WALI 1523 EDEN ISLE BLVD. #135 SAINT PETERSBURG, FL 33704
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07/29/04-80004-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: FARNAZ WALI 07-23-2004 (727) 821-7386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #