

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT# P02000038545

1. Entity Name
DON&NAN, INC.



Principal Place of Business
**2436 RHODESIAN DR #44
CLEARWATER, FL 33763-1937**

Mailing Address
**2436 RHODESIAN DR #44
CLEARWATER, FL 33763-1937**



04192004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0574046** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MINIE, DONALDE
2436 RHODESIAN DR #44
CLEARWATER, FL 33763-1937**

**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 obligation of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000134685
04/28/04-80030-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **MINIE, DONALDE**
STREET ADDRESS **2436 RHODESIAN DR #44**
CITY - ST - ZIP **CLEARWATER, FL 337631937**

TITLE **DST**
NAME **MINIE, MARYE**
STREET ADDRESS **2436 RHODESIAN DR #44**
CITY - ST - ZIP **CLEARWATER, FL 337631937**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: *Don Minie* DON MINIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/4 727-791-4856
Date Daytime Phone#