

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90401 023 ***150.00

DOCUMENT # P02000089317					
1. Entity Name DONA WILLIAMS DESIGN GROUP, INC. <u>New Name: Dona Williams Inc.</u>					
Principal Place of Business 341 OLD JUPITER BEACH RD JUPITER, FL 33477			Mailing Address P.O. 2339 JUPITER, FL 33468		
2. Principal Place of Business 250 Iris Drive Suite, Apt. #, etc.		3. Mailing Address 250 Iris Drive Suite, Apt. #, etc.			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 42-1558381	
Zip 33458		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUCE, LINDA 341 OLD JUPITER BEACH RD JUPITER, FL 33477			7. Name and Address of New Registered Agent Name: <u>Dona Williams</u> Street Address (P.O. Box Number is Not Acceptable): <u>250 Iris Drive</u> City: <u>Jupiter</u> <u>FL</u> <u>33458</u>		
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: <u>Dona Williams</u> DATE: <u>4/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRUCE, LINDA 341 OLD JUPITER BEACH RD JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,V,S,T Dona Williams 250 Iris Drive Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PALMIERI, BUD 341 OLD JUPITER BEACH RD JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>Dona Williams</u>			Dona Williams - President 4/15/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			561-772-371-9777 <small>Daytime Phone #</small>		