2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90082 010 ***158.75

DOCUMENT # P02000089317

1. Entity Name
DONA WILLIAMS, INC.

Principal Place of Business	Mailing Address
250 IRIS DR. JUPITER, FL 33458	250 IRIS DR. JUPITER, FL 33458

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
x 200 Poinciana dr	x 200 Poinciana dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter Fl.	City & State: Jupiter Fl.
Zip: 33458 Country: USA	Zip: 33458 Country: USA

01292007 Chg-P CR2E034 (12/06)

4. FEI Number: 42-1558381 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, DONA 250 IRIS DR. JUPITER, FL 33458	x Name: Dona. Williams Street Address (P.O. Box Number is Not Acceptable): 200 Poinciana dr City: Jupiter FL Zip Code: 33458

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: D. Williams 4.3.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PVST WILLIAMS, DONA 250 IRIS DR. JUPITER, FL 33458 ☐ Delete	TITLE x NAME STREET ADDRESS CITY-ST-ZIP	Dona. Williams 200 Poinciana dr Jupiter Fl. 33458 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: D. Williams 4.3.07 561.371.9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #