

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90073 015 ***150.00

DOCUMENT # P02000123870

1. Entity Name
DONLAMOR OF FLORIDA, INC.



Principal Place of Business

2815 PETERS ROAD
FORT PIERCE, FL 34945

Mailing Address

2220 HWY 70 R
SUITE 459
HICKORY, NC 28602

50065809



2. Principal Place of Business

2751 Peters Rd

Suite, Apt. #, etc.

3. Mailing Address

2220 Hwy 70 East

Suite, Apt. #, etc.

Suite 459

07282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

75-3089171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, L.L.C.
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCNEELY, JOHN S**
CITY-ST-ZIP **3506 DUCK POND DRIVE
CONOVER, NC 28613**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CHAMBERLAIN, PHILLIP B**
CITY-ST-ZIP **3504 SUNNINGDALE LANE
STATESVILLE, NC 28625**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **BRANTLEY, RICHARD O**
CITY-ST-ZIP **3123 LAKE SIDE COURT
CONOVER, NC 28613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard O. Brantley **RICHARD O. BRANTLEY** 8/8/2005 828-328-2823