
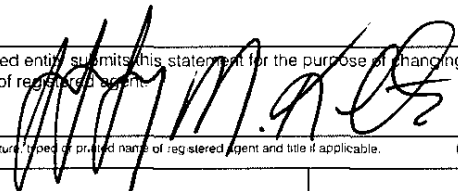
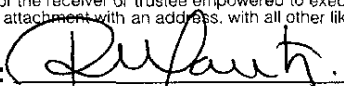


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90120 050 \*\*\*150.00

<b>DOCUMENT # P03000049907</b>			
1. Entity Name <b>MRS DONUTS, INC.</b>			
Principal Place of Business <b>5341 WEST BRONSON HWY KISSIMMEE, FL 34746</b>		Mailing Address <b>5341 WEST BRONSON HWY KISSIMMEE, FL 34746</b>	
2. Principal Place of Business <b>1533 Gants Circle</b>		3. Mailing Address <b>1533 Gants Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Kissimmee, Florida</b>		City & State <b>Kissimmee, Florida</b>	
Zip <b>34744</b>	Country <b>USA</b>	Zip <b>34744</b>	Country <b>USA</b>
4. FEI Number <b>03-0518731</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>DOSSANTOS, RENIERE M 5341 WEST BRONSON HWY KISSIMMEE, FL 34746</b>		7. Name and Address of New Registered Agent Name <b>Koltun, Jeffrey M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>557 North Wymore Road</b> Suite 100 City <b>Maitland</b> FL Zip Code <b>32751</b>	
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 		DATE <b>4/29/04</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	<b>PSTD Dossantos, Reniere M. 1533 Gants Circle Kissimmee, Florida 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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: 		Date <b>4/29/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Reniere M. Dossantos, President</b>		Daytime Phone # <b>(407) 931-2854</b>	

**24072801**



04262004 Chg-P CR2E034 (10/03)