


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90381 011 ***150.00

DOCUMENT # P03000085725			
1. Entity Name DONNA M INC			
Principal Place of Business 1887 N HIGHLAND AVE CLEARWATER FL 33755		Mailing Address 1887 N HIGHLAND AVE CLEARWATER FL 33755	
2. Principal Place of Business Har Unlimited, Inc. Suite, Apt. #, etc.		3. Mailing Address 1887 N Highland Ave Suite, Apt. #, etc.	
City & State Clearwater Florida Zip 33765 Country PINELLAS		City & State Clearwater Florida Zip 33765 Country PINELLAS	
4. FEI Number 20-0132194		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 MAYHAW, DONNA M 1887 HIGHLAND AVE CLEARWATER FL 33755		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 <u>Donna M. Mayhaw</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P DONNA, MAYHAW M 416 LEBEAU STREET CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna M. Mayhaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 727-461-1574
Daytime Phone # 727-466-0543