


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90139 022 ***158.75

DOCUMENT # P03000111272

1. Entity Name
DONALD DOMOGAWA, INC.



Principal Place of Business Mailing Address
 7443 COMO DR. 7443 COMO DR.
 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

14061673



04252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

5408 St James Dr
New Port Richey, FL
34652 *USA*

4. FEI Number Applied For
16-11085496 Not Applicable

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

6. Name and Address of Current Registered Agent
DOMOGAWA, DONALD
 7443 COMO DR.
 NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
 Name *Kelly Drew*
 Street Address (P.O. Box Number is Not Acceptable)
5408 St James Drive
 City *New Port Richey* State *FL* Zip Code *34652*

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 *Kelly L Drew* *Kelly Drew* *4-28-04*
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSTD	DOMOGAWA, DONALD	7443 COMO DR.	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	Domogawa, Donald	7443 Como Drive	New Port Richey, FL 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Domogawa, Barbara	7443 Como Drive	New Port Richey, FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Donald Domogawa* *4/29/04* *727-373-0415*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #