

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 09, 2007 8:00 am
Secretary of State

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03222007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000122661 1. Entity Name DON-VILL INVESTMENT GROUP, INC.					
Principal Place of Business 600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701				Mailing Address 600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701	
2. Principal Place of Business - No P.O. Box # 2253 Central Avenue		3. Mailing Address 2253 Central Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 20-0376297	
Zip 33713--		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAJEK, MICHAEL W III 5308 CENTRAL AVENUE ST. PETERSBURG, FL 33707				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 _____ (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. <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 DONALD, AL 1135 SOUTH PASADENA AVENUE, UNIT 107 ST. PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donald, Al 2253 Central Avenue St. Petersburg, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VILLARI, JOSEPH 1135 SOUTH PASADENA AVENUE UNIT 107 ST. PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Villari, Joseph 2253 Central Avenue St. Petersburg, FL 33713	
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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: _____			Joseph Villari		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/4/07 Daytime Phone # 727-322-5100		