2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State

DOCUMENT # P03000122661 1. Entity Name DON-VILL INVESTMENT GROUP, INC.					A	01-29-2008	90025 032 ***	*150.00	
Principal Place 2253 CENTR SAINT PETER		Mailing Address 2253 CENTRAL AVENUE SAINT PETERSBURG, FL 3	33713		đ				
			reet S.						
Suite, Apt. #, etc. Suite, Apt. #, etc.					01242008	Chg-P	CR2E034 (12/	06)	
	tersburg, FL	St. Petersburg, FL			4. FEI Number 20-0376297			Applied For Not Applicable	
3370	Country U.S.A.	33701	u.S.A		5. Certificate	of Status Desired	□ \$8.75 Fee Red	Additional quired	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New F	Registered Agent		
HAJEK, MI									
5308 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Street Address (P.O. Box Number is Not Acceptable)					
SI.FLICI	ABBONG, I'E 33707								
			City				FL Zip	Code	
	named entity submits this statement for	the purpose of changing its reg	gistered office or	register	ed agent, or bo	th, in the State of Fl	orida. I am familiar	with, and accept	
the obligat	ions of registered agent.						1/25/08		
SIGNATURE_	Signature, typed or printed name of registered agent ar	nd title il applicable. (NOTE: Re	egistered Agent signati	ure required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	DIRECTORS Delete	11.	P	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECT		
NAME	DONALD, AL	□ Delete	NAME	Done	ild, Al		X		
STREET ADDRESS CITY-ST-ZIP	2253 CENTRAL AVENUE SAINT PETERSBURG, FL 33713	1	STREET ADDRESS CITY-ST-ZIP	341	ard Stree	ts. va FL 33	701		
TITLE	V	Delete	TITLE	l V		J.	Cha	ange 🔲 Addition	
NAME	VILLARI, JOSEPH		NAME	Villa	iri Jose Brd Stre	ph	,		
STREET ADDRESS CITY-ST-ZIP	2253 CENTRAL AVENUE SAINT PETERSBURG, FL 33713) }	STREET ADDRESS CITY-ST-ZIP	5410	etersbur	a. FL 337	01		
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CITY-ST-ZIP			CITY-ST-ZIP						
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CITY-ST-ZIP		Delete	CITY-ST-ZIP	-			Cha	ange Addition	
NAME		U Delete	NAME					mgs	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby	Lectify that the information supplied with	this filing does not qualify for t	he exemptions of	contained	in Chapter 11	9, 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this leport 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 employlered.									
			- .	V. 11	z <u>.</u> 1	125/08	727-822	-0038	
SIGNAT	URE:	RINTED NAME OF SIGRING OFFICER OR	JOSEPH	VIIIA	, t t '	Date	Davtime Ph		