2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126231

Entity Name

DON'S CONSTRUCTION, INC.



Principal Place of Business

15021 SE BLUE BREAM DRIVE BLOUNTSTOWN, FL 32424 Mailing Address *

15021 SE BLUE BREAM DRIVE BLOUNTSTOWN, FL 32424 FILED Feb 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LILLY, DONALD J 15021 SE BLUE BREAM DRIVE BLOUNTSTOWN, FL 32424 01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0376684

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			

SIGNATURE

gnature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 000000633618 02/28/07-80032-022 150.00

10. OFFICERS AND DIRECTORS **PRES** TITLE NAME LILLY, DONALD J 15021 SE BLUE BREAM DRIVE STREET ADDRESS CITY-ST-ZIP BLOUNTSTOWN, FL 32424 TITLE VP LILLY, DONALD J NAME STREET ADDRESS 15021 SE BLUE BREAM DRIVE CITY-ST-ZIP BLOUNTSTOWN, FL 32424 LILLY, DORIS J NAME STREET ADDRESS 15021 SE BLUE BREAM DRIVE BLOUNTSTOWN, FL 32424 CITY-ST-ZIP TITLE LILLY, JOSEPH M NAME STREET ADDRESS 15021 SE BLUE BREAM DRIVE CITY-ST-ZIP BLOUNTSTOWN, FL 32424 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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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:

Augusture and type or printed hampor signing officer or director

2-16-07

850-674-8746

Daytime Ph