


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 013 ***150.00

DOCUMENT # P03000142573	
1. Entity Name DON'S DETAILS, INC.	

Principal Place of Business 8495 109TH STREET NORTH SEMINOLE, FL 33772 13801 102nd Ave N Largo FL 33774	Mailing Address <u>13801 102nd Ave N</u> 8495 109TH STREET NORTH SEMINOLE, FL 33772 Largo 33774
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0217844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRETZ, ALICIA 8495 109TH STREET NORTH SEMINOLE, FL 33772 13801 102nd Ave. N. Largo FL 33774

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRETZ, DONALD T 13801 102nd Ave N Largo, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRETZ, ALICIA 13801 102nd Ave N Largo, FL 33774
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IN THIS SPACE**

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: Alicia A Fretz 04/18/2005 7278711648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #