## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## DOCUMENT # P04000000400

1. Entity Name DOYNO REALTY INC.



**FILED** Feb 13, 2008 08:00 AN Secretary of State

Principal Place of Business

9040 TOWNCENTER PKWY

**UNIT 110** BRADENTON, FL 34202

DOYNO, DEVRON L

Mailing Address

9040 TOWNCENTER PKWY **UNIT 110** BRADENTON, FL 34202

02072008

No Cha-P

CR2E034 (11/05)

4. FEI Number 20-0565491

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE

| 9630 SEA TURTLE TER. UNIT 201 BRADENTON, FL 34212   |  |   | IN THIS SPACE     |   |   |
|---|--|---|-------------------|---|---|
| the obligati  | named entity submits this statement for the pions of registered agent.         | ourpose of changing its registere                   | ed office or n    | egistered agent, or bot   | th, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered |  |   | d Agent signature | required when reinstating)  | U000008 <b>%</b> 59an                                       |
| FILI<br>After Ma  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                    | Election Campaign Finar<br>Trust Fund Contribution. |                   | \$5.00 May Be<br>Added to Fees  | 02721708-80031-018 150.00                                   |
| 10.   | OFFICERS AND DIREC   | CTORS   | Res House         | 90557457H27H27H27   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DOYNO, DEVRON L<br>9630 SEA TURTLE TER. UNIT 201<br>BRADENTON, FL 34212   |   |                   |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SEC<br>DOYNO, DEVRON L<br>9630 SEA TURTLE TER. UNIT 201<br>BRADENTON, FL 34212 |   |                   | - 18-1<br>- |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |                   |   | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | /  | •   |                   | IN T  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |                   |   |   |
| TITLE<br>NAME (-)1'-  | and set and over printed one   |   |                   |   |   |

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 eath; 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 addi-

SIGNATURE

STREET ADDRESS CITY-ST-ZIP