

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048703

Entity Name: DONNA MCNETT DESIGN, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

2220 ACADIE DR
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P O BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 20-2474631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, PA
5150 BELFORT RD
BLDG 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNETT, DONNA
Address: 2220 ACADIE DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCNETT, DONNA
Address: 2220 ACADIE DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: V () Change (X) Addition
Name: MCNETT, TOM
Address: 2220 ACADIE DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MCNETT

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date