

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 044 ***150.00

DOCUMENT # P05000068233

1. Entity Name

DONI FLOORS, INC.



Principal Place of Business

3957 KEWANEE ROAD
LANTANA FL 33462
US

Mailing Address

3957 KEWANEE ROAD
LANTANA FL 33462
US



2. Principal Place of Business

3692 WINGHAM WAY

3. Mailing Address

3692 WINGHAM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

4. FEI Number

20-2814336

Applied For

Not Applicable

Zip

33463

Country

PAUMBAUT

Zip

33463

Country

PAUMBAUT

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNARDONI, SCOTT
3957 KEWANEE ROAD
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LUNARDONI, SCOTT
3957 KEWANEE ROAD
LANTANA FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SCHMIDT, ED
4431 MELVIN ROAD
LAKE WORTH FL 33461 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/06 (501) 667-6471
Date Daytime Phone #