

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90083 007 \*\*\*150.00

**DOCUMENT # P05000073104**

1. Entity Name  
**REAL ESTATE SALES BY DONNA INC**



Principal Place of Business

**23446 MIDWAY BLVD  
PORT CHARLOTTE, FL 33980**

Mailing Address

**23446 MIDWAY BLVD  
PORT CHARLOTTE, FL 33980**

2. Principal Place of Business

**2202 Aldworth**

Suite, Apt. #, etc.

3. Mailing Address

**2202 Aldworth**

Suite, Apt. #, etc.



04102006

Chg-P

CR2E034 (11/05)

City & State

**Port Charlotte - FL**

City & State

**Port Charlotte, FL**

4. FEI Number

**20286 4895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**POSER, DONNA  
23446 MIDWAY BLVD  
PORT CHARLOTTE, FL 33980**

7. Name and Address of New Registered Agent

Name

**Poser, Donna**

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

**~~23446~~ 2202 Aldworth**

City

**Port Charlotte**

FL

Zip Code

**33952**

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

**Donna F. Poser**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	POSER, DONNA	
STREET ADDRESS	23446 MIDWAY BLVD	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

**Donna F. Poser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/06**

Date

Daytime Phone #