

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018472

Entity Name: DON E-Z, INC.

FILED
Feb 01, 2009
Secretary of State

Current Principal Place of Business:

15222 ROBERTS WAY
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

PO BOX 134
LOXAHATCHEE, FL 33470

New Mailing Address:

PO BOX 55
LOXAHATCHEE, FL 33470

FEI Number: 20-4355917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELLO, GARY
15222 ROBERTS WAY
LOXAHATCHEE, FL 33470 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: PSTD () Delete
Name: MORELLO, GARY
Address: 15222 ROBERTS WAY
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD () Delete
Name: HOPE, DON
Address: PO BOX 134
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY MORELLO

PSDT

02/01/2009

Electronic Signature of Signing Officer or Director

Date