

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129674

FILED
Apr 27, 2010
Secretary of State

Entity Name: DR. DONE RIGHT, INC.

Current Principal Place of Business:

1441 VIKING CT.
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

1441 VIKING CT.
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 20-5717222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESTEFANO, MARK
1441 VIKING CT.
CAPE CORAL, FL 33904 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: DIR
Name: DESTEFANO, MARK
Address: 1441 VIKING CT.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: P
Name: DESTEFANO, MARK
Address: 1441 VIKING CT.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: P
Name: DESTEFANO, MARK
Address: 1441 VIKING CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR
Name: DESTEFANO, MARK
Address: 1441 VIKING CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR
Name: DESTEFANO, MARK
Address: .
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR
Name: DESTEFANO, MARK
Address: 1441 VIKING CT.
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: MARK DESTEFANO

DIR

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date