

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075086

Entity Name: DONUT ISLAND INC

FILED
Aug 04, 2008
Secretary of State

Current Principal Place of Business:

1000 THOMAS DR
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

912 THOMAS DR
PANAMA CITY BEACH, FL 32407 US

Current Mailing Address:

509 HIDDEN ISLAND DR
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 26-0439053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, DEBORAH J
509 HIDDEN ISLAND DR
PANAMA CITY BEACH, FL 32408 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROBERTS, BOBBY S JR
Address: 509 HIDDEN ISLAND DR
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: VP () Delete
Name: FORD, EDWARD S III
Address: 1601 INVERNESS RD
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: SECT () Delete
Name: ROBERTS, DEBORAH J
Address: 509 HIDDEN ISLAND DR
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: TRES () Delete
Name: FORD, SHARON A
Address: 1601 INVERNESS RD
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBORAH J. ROBERTS

SECT

08/04/2008

Electronic Signature of Signing Officer or Director

_____ Date