

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90091 020 \*\*\*158.75

**DOCUMENT # P92000004144**

1. Entity Name  
**DONACO CORPORATION**



Principal Place of Business  
**3504 INDUSTRIAL 27TH ST  
FT PIERCE, FL 34946**

Mailing Address  
**3504 INDUSTRIAL 27TH ST  
FT PIERCE, FL 34946**

40009307



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**52-1811230**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**DONICK, THOMAS A  
3504 INDUSTRIAL 27TH ST  
FT PIERCE, FL 34946**

## 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 \$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 **P** ☐ Delete  
NAME **DONICK, THOMAS A**  
STREET ADDRESS **3504 INDUSTRIAL 27TH STREET**  
CITY-ST-ZIP **FT. PIERCE, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas A. Donnick, Jr.**

Date

**2-3-06 (772) 461-0004**

Daytime Phone #

**ATTACHMENT**  
~~P920000004144~~  
**DONACO CORPORATION**

40009307

January 10, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: 2006 For Profit Corporation Annual Report**  
**Document No.: P92000004144**

Dear Sir or Madam:

I have enclosed a completed Annual Report together with a check payment in the amount of \$158.75 to cover the filing and certificate fees.

If you have any questions, please call my office at (772) 461-0004.

Thank you,



Thomas A. Donnick, Jr.  
President

Enclosures