



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000019181 1. Entity Name DONRICH CORP.	
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Principal Place of Business 470 ANNANDALE DR OYSTER BAY COVE, NY 11791 US	Mailing Address 470 ANNANDALE DR OYSTER BAY COVE, NY 11791 US
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DO NOT WRITE IN THIS SPACE


01212008 No Chg-P CR2E034 (11/05)
4. FEI Number
11-3155849
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE

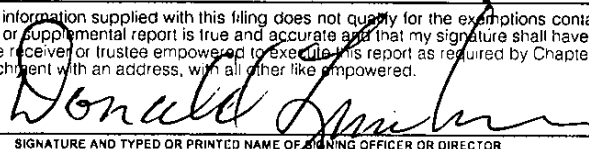
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LUNEBURG, RICHARD 13251 52ND PLACE SOUTH WELLINGTON, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LUNEBURG, DONALD 470 ANNANDALE DR OYSTER BAY COVE, NY 11791
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000796549
01/29/08-80037-014 150.00

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:  **1-21-08 516-941-1428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #