


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000063709**  
1. Entity Name  
**DONUTS ETC., INC.**



Principal Place of Business      Mailing Address  
5804 N MAIN ST.                      5804 N MAIN ST.  
JACKSONVILLE, FL 32208        JACKSONVILLE, FL 32208

**DO NOT WRITE IN THIS SPACE**



01192005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
**59-3199327**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**WINDHAM, CHARLES O**  
**6189 GRAYLING DR.**  
**JACKSONVILLE, FL 32256**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000227105  
02/12/05-80042-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINDHAM, CHARLES O
STREET ADDRESS	6189 GRAYLING DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	WINDHAM, PAMELA A
STREET ADDRESS	6189 GRAYLING DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Charles O Windham*      2/10/05 (904) 765-8772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #