


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000000449	
1. Entity Name DONOVAN & LIMROTH, C.P.A.'S, P.A.	

Principal Place of Business 10410 SEMINOLE BLVD SUITE 1 SEMINOLE, FL 33778 US	Mailing Address 10410 SEMINOLE BLVD SUITE 1 SEMINOLE, FL 33778 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216060	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DONOVAN, GEORGE C JR. 10410 SEMINOLE BLVD SUITE 1 SEMINOLE, FL 33778
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD DONOVAN, GEORGE C JR. 10410 SEMINOLE BLVD SUITE 1 SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY ST ZIP	STD LIMROTH, JOHN T 10410 SEMINOLE BLVD SUITE 1 SEMINOLE, FL 33778
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01/24/05-80131-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 727-593-6209
Date Daytime Phone #