

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90006 027 ***150.00

DOCUMENT # P94000064240

1. Entity Name
LONNIE DONEGAN, INC.



Principal Place of Business
**400 N MILLS AVE
ATTN: IRA N. DAITZMAN
ORLANDO, FL 32803 US**

Mailing Address
**400 N. MILLS AVE
ORLANDO, FL 32803 US**

401000000



2. Principal Place of Business
3113 Lawton Rd.

3. Mailing Address
3113 Lawton Rd.

Suite, Apt. #, etc. **Suite 200
Attn: Ira N. Daitzman**

Suite, Apt. #, etc. **Suite 200
Attn: Ira N. Daitzman**

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32803

Country
USA

Zip
32803

Country
USA

07112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3281958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHICK, BETH S
204 N. WYMORE ROAD
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Ira N. Daitzman**
Street Address (P.O. Box Number is Not Acceptable)
3113 Lawton Rd., Suite 200
City **Orlando** FL Zip Code **32803**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE **7/17/06**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DONEGAN, SHARON**
STREET ADDRESS **400 NORTH MILLS AVE.**
CITY-ST-ZIP **ORLANDO, FL 32803**

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 **D** ☒ Change ☐ Addition
NAME **Donegan, Sharon**
STREET ADDRESS **3113 Lawton Rd., Suite 200**
CITY-ST-ZIP **Orlando, FL 32803**

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

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

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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 FILING OFFICER OR DIRECTOR

DATE **7/17/06**

DAYTIME PHONE **407-841-5000**