


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90416 026 ***150.00

DOCUMENT # P95000001111 1. Entity Name DONOVAN & BLACKWOOD, C.P.A., P.A.			
Principal Place of Business 3830 JOG RD LAKE WORTH, FL 33467		Mailing Address 3830 JOG RD LAKE WORTH, FL 33467	
2. Principal Place of Business 3046 S. CONGRESS AVE Suite, Apt. #, etc.		3. Mailing Address 3046 S. CONGRESS AVE Suite, Apt. #, etc.	
City & State LAKE WORTH, FL Zip 33461 Country		City & State LAKE WORTH, FL Zip 33461 Country	
4. FEI Number 65-0551904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONOVAN, JAMES J 3830 JOG RD LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3046 S. CONGRESS AVE City LAKE WORTH FL Zip Code 33461	
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 <u><i>James J. Donovan</i></u> DATE <u>4-25-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, JAMES J 3830 JOG RD LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3046 S. CONGRESS AVE LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONOVAN, JEANNE 3830 JOG RD LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>James J. Donovan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-25-06</u> 1-561-641-9550 <small>Daytime Phone #</small>	