

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000033104**

1. Entity Name  
**DONDERO ENTERPRISES, INC.**



Principal Place of Business  
**2410 OVERVIEW DR  
NEW PORT RICHEY, FL 34655 US**

Mailing Address  
**2410 OVERVIEW DR  
NEW PORT RICHEY, FL 34655 US**



03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3535897**

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

**6. Name and Address of Current Registered Agent**

**DONDERO, ROSE MARIE  
2410 OVERVIEW DR  
NEW PORT RICHEY, FL 34655**

**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 etc. if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**P  
DONDERO, ROSE M  
2410 OVERVIEW DR  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**VP  
DONDERO, EDWARD C  
2410 OVERVIEW DR  
NEW PORT RICHEY, FL 34655**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

U00000106148  
04/08/04-80004-012 150.00

**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)(f), 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 I 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:**

*Rose Marie Dondero*

4/6/04

727-375-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NO. (OPTIONAL)