2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000078196  1. Entity Name  DON-SAN, INC.			Mar 17, 2005 08:00 AM Secretary of State	
Principal Plac	-	Mailing Address		
1508 E. MAIN ST. 1508 E. MAIN ST. LEESBURG FL 34748 LEESBURG FL 34748				
				T TRANSPORT THE LEGICLE WITH CHANNEL REALL REALL COMMITTEE WHICH WASHER THE REAL PROPERTY AS FREED
Principal Place of Business     3. Mailing Address			-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	1 st MOORE CR2E034 (10/04)
City & Stat	e	City & State		4. FEI Number 59-3344458 Applied For Not Applicable
Zip	Country	Ζp	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
TAX	Name			
TAYLOR, L.E. 1029 WEST MAGNOLIA ST. LEESBURG FL			Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	Zip Code
		,	•	FL Zip Code  Stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	Delete	TITLE	☐ Change ☐ Addition
NAME	BOEHLER, DONALD W 1508 E. MAIN ST.		NAME SIREET ADDRESS	
STREET ADDRESS CITY+ST-ZIP	LEESBURG FL_34748		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addillion
NAME STREET ADDRESS			STREET ADDRESS	U00000266319 03/17/05-80025-024 150.00
CITY-ST-ZIP			CITY-ST-ZIP	00/11/05 00025 024 150.00
THILE		Delete	πτίε	Change Addition
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CITY ST-ZIP		•	CFY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-SI-ZIP	}
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		-	JMAM .	
STREET ADDRESS			STREET ADDRESS CHTY-ST-ZIP	
CITY-ST-ZIP			Ç111-31-4K	

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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 @ceiver 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

SIGNATURE

Deterministic Analysis of Signature and Typic or Printed Name of Signing Or Nicer or Director