2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90027 030 ***150.00

DOCUMENT # P96000015326

1. Entity Name
DONNA VAN KIRK, INC.

Principal Place of Business	Mailing Address
2121 YELLOWTAIL DRIVE SUITE 105 MARATHON, FL 33050 US	2121 YELLOWTAIL DRIVE SUITE 105 MARATHON, FL 33050 US

02192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
422 Calle Limon		422 Calle Limon	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Marathon, FL		City & State: Marathon, FL	
Zip: 33050	Country: U.S	Zip: 33050	Country: U.S

4. FEI Number: 65-0645085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANKICK, DONNA 2121 YELLOWTAIL DRIVE SUITE 105 MARATHON, FL 33050	Name: VanKirk, Donna Street Address (P.O. Box Number is Not Acceptable): 422 Calle Limon City: Marathon FL Zip Code: 33050

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: Donna VanKirk, President Donna VanKirk 2-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	PSD ☒ Change ☐ Addition — Address
NAME	VANKIRK, DONNA	NAME	VanKirk, Donna
STREET ADDRESS	2121 YELLOWTAIL DRIVE	STREET ADDRESS	422 Calle Limon
CITY-ST-ZIP	MARATHON, FL	CITY-ST-ZIP	Marathon, FL 33050
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Donna VanKirk 2-20-05