

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90094 012 ***158.75

DOCUMENT # P96000034191

1. Entity Name

DONCO OF FLORIDA, INC.



Principal Place of Business

8705 PERIMETER PARK BLVD.
SUITE 8
JACKSONVILLE FL 32216

Mailing Address

8705 PERIMETER PARK BLVD.
SUITE 8
JACKSONVILLE FL 32216

2. Principal Place of Business

8711 Perimeter Park Blvd.

3. Mailing Address

8711 Perimeter Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

Suite 11

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32216

USA

32216

USA

4. FEI Number

59-3375328

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

FORT, DONALD C
8705-B PERIMETER PARK BLVD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Fort, Donald C.

Street Address (P.O. Box Number is Not Acceptable)

8711-11 Perimeter Park Blvd.

City

Jacksonville

FL

Zip Code
32216

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FORT, DONALD C	
STREET ADDRESS	8705 PERIMETER PARK BLVD. SUITE 8	
CITY-ST-ZIP	JACKSONVILLE-FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TYE, GAIL D	
STREET ADDRESS	8705 PERIMETER PARK BLVD., STE 8	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, DONALD C.	
STREET ADDRESS	8711-11 PERIMETER PARK BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYE, GAIL D.	
STREET ADDRESS	8711-11 PERIMETER PARK BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Donald C. Fort

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

(904) 641-0018

Date

Daytime Phone #