2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000034191

1. Entity Name
DONCO OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8711 PERIMETER PARK BLVD. STE. 11 JACKSONVILLE, FL 32216	8711 PERIMETER PARK BLVD. STE. 11 JACKSONVILLE, FL 32216

02222005 No Chg-P CR2E084 (10/03)

4. FEI Number
59-3375328

Applied For
Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORT, DONALD C
8711-11 PERIMETER PARK BLVD.
JACKSONVILLE, FL 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 and is familiar with, and accepts the obligations of registered agent.

SIGNATURE: _____
Signature, type or print the name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000296238
04/09/05-80061-004 158.75

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

TITLE	PD
NAME	FORT, DONALD C
STREET ADDRESS	8711-11 PERIMTER PARK BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VPS
NAME	TYE, GAIL D
STREET ADDRESS	8711-11 PERIMETER PARK BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 3/29/05 641-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #