


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000004430</b>					
1. Entity Name <b>DONNELLY'S PRINTING, INC.</b>					
Principal Place of Business <b>1262 N. PALM AVENUE SARASOTA FL 34236</b>			Mailing Address <b>1262 N. PALM AVENUE SARASOTA FL 34236</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0726430</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONNELLY, JAMES M 1262 N. PALM AVENUE SARASOTA FL 34236</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DONNELLY, ALBERT P</b>		NAME		
STREET ADDRESS	<b>3929 WILSHIRE CIRCLE EAST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DONNELLY, STEPHEN C</b>		NAME		
STREET ADDRESS	<b>1713 FIELD ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DONNELLY CALDERON, MARCIA</b>		NAME		
STREET ADDRESS	<b>4040 RED ROCK LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DONNELLY, JAMES M</b>		NAME		
STREET ADDRESS	<b>3216 PINE VALLEY DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DONNELLY, GARY A</b>		NAME		
STREET ADDRESS	<b>4141 CAMINO REAL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



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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)(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 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: Albert P. Donnelly **ALBERT P. DONNELLY** 3-21-05 941-365-3014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #