


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90214 045 \*\*\*150.00

<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>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1597</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA FLORIDA</b>		City & State <b>SARASOTA FLORIDA</b>	
Zip <b>34230</b>	Country <b>USA</b>	Zip <b>34230</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/05)

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 <b>DONNELLY, JAMES M</b> Street Address (P.O. Box Number is Not Acceptable) <b>4126 CENTRAL SARASOTA PARKWAY</b> City <b>SARASOTA</b> FL <b>34238</b>	
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*Same  
Diff.  
Address*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONNELLY, ALBERT P</b> <b>3929 WILSHIRE CIRCLE EAST</b> <b>SARASOTA FL 34238</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONNELLY, STEPHEN C</b> <b>1713 FIELD ROAD</b> <b>SARASOTA FL 34231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONNELLY CALDERON, MARCIA</b> <b>4040 RED ROCK LANE</b> <b>SARASOTA FL 34231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONNELLY, JAMES M</b> <b>3216 PINE VALLEY DR</b> <b>SARASOTA FL 34239</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DONNELLY, JAMES M</b> <b>4126 CENTRAL SARASOTA PARKWAY</b> <b>SARASOTA, FL 34238</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONNELLY, GARY A</b> <b>4141 CAMINO REAL</b> <b>SARASOTA FL 34231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 4-21-06 941-365-3014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #