2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P97000004430

Entity Name: DONNELLY PALM AVENUE ENTERPRISES, INC.

Current Principal Place of Business:

1262 N. PALM AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

3929 WILSHIRE CIRCLE
SARASOTA, FL 34238

Current Mailing Address:

P.O. BOX 1597
SARASOTA, FL 34230

New Mailing Address:

PO BOX 1597
SARASOTA, FL 34230

FEI Number: 65-0726430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNELLY, ALBERT P
3929 WILSHIRE CIRCLE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DONNELLY, ALBERT P
Address: 3929 WILSHIRE CIRCLE EAST
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete
Name: DONNELLY, STEPHEN C
Address: 1713 FIELD ROAD
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: DONNELLY CALDERON, MARCIA
Address: 4040 RED ROCK LANE
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: DONNELLY, JAMES M
Address: 2664 LEAFY LANE
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: DONNELLY, GARY A
Address: 4141 CAMINO REAL
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT P DONNELLY P 01/06/2009

Electronic Signature of Signing Officer or Director — Date