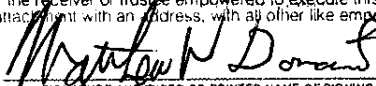


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90061 003 ***150.00

DOCUMENT # P97000024588					
1. Entity Name DONAVIN REAL ESTATE SERVICES, INC.					
Principal Place of Business 804 WEEDEN ISLAND DRIVE NICEVILLE, FL 32578			Mailing Address 804 WEEDEN ISLAND DRIVE NICEVILLE, FL 32578		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent DONAVIN, MATTHEW W III 804 WEEDEN ISLAND DRIVE NICEVILLE, FL 32578				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 _____ DATE _____ Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	P DONAVIN, SUE E 804 WEEDEN ISLAND DRIVE NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DONAVIN-SMITH, DEBORAH 5819 STANTON AVE PITTSBURGH, PA 15206	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DONAVIN-SMITH, KATHLEEN ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ZAEAK, DEBORAH S 2960 GRANDWOODS CIRCLE DUBLIN, OH 43017	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST DONAVIN, MATTHEW W 804 WEEDEN ISLAND DRIVE NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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: 			6 FEBRUARY 2004 (850) 678-7272		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

94012648



02062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3434973 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code