2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2004 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P98000023653** 1. Entity Name DONAWAY AND ASSOCIATES, INC. Mailing Address Principal Place of Business 9908 NORTHWEST 1ST COURT 9908 NORTHWEST 1ST COURT CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 02082004 CR2E034 (10/03) Applied For 4. FEI Number 65-0818817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DONAWAY, STEVEN 9908 NORTHWEST 1ST COURT IN THIS SPACE CORAL SPRINGS, FL 33071 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. SIATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 000000107035 9. Election Campaign Financing \$5.00 May Be U4/08/04-80040-023 150.00 FILE NOW!!! FEE 13 \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 18. TIR F NAME DONAWAY, STEVEN STREET ADDRESS 9908 NORTHWEST 1ST COURT CETY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE 1. 10 mm NAME DONAWAY, KAREN 9908 NORTHWEST 1ST COURT STREET ADDRESS CORAL SPRINGS, FL 33071 CITY ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY - ST - 797 IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP SILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forlda 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 507, 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:

CTTY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CTTY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DR

STEVEN DONAWAY

4/3/04

Daytime Phone #

FILED