

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


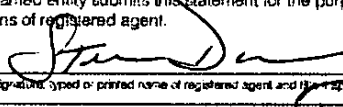
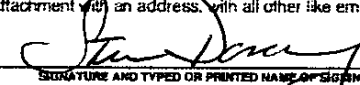
**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90067 033 \*\*\*150.00

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02142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000023653</b> 1. Entity Name <b>DONAWAY AND ASSOCIATES, INC.</b>			
Principal Place of Business <b>9908 NORTHWEST 1ST COURT                  CORAL SPRINGS, FL 33071</b>		Mailing Address <b>9908 NORTHWEST 1ST COURT                  CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <b>921 N. DAVIS STREET</b> Suite, Apt. #, etc. <b>BLDG E</b>		3. Mailing Address <b>921 N. DAVIS STREET</b> Suite, Apt. #, etc. <b>BLDG E</b>	
City & State <b>JACKSONVILLE, FL</b> Zip <b>32209</b> Country <b>US</b>		City & State <b>JACKSONVILLE, FL</b> Zip <b>32209</b> Country <b>US</b>	
4. FEI Number <b>65-0818817</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DONAWAY, STEVEN                  9908 NORTHWEST 1ST COURT                  CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>STEVEN DONAWAY</b> Street Address (P.O. Box Number is Not Applicable) <b>921 N. DAVIS STREET, BLDG E</b> City <b>JACKSONVILLE, FL</b> Zip Code <b>32209</b>	
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: 		<b>STEVEN DONAWAY</b> <b>2/13/05</b> (NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!! FEE IS \$150.00                  After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	V <b>DONAWAY, STEVEN</b> <input type="checkbox"/> Delete <b>9908 NORTHWEST 1ST COURT</b> <b>CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>921 N. DAVIS STREET, BLDG E</b> <b>JACKSONVILLE, FL 32209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DONAWAY, KAREN</b> <input type="checkbox"/> Delete <b>9908 NORTHWEST 1ST COURT</b> <b>CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>921 N. DAVIS STREET, BLDG E</b> <b>JACKSONVILLE, FL 32209</b>
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
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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)(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: 		<b>STEVEN DONAWAY</b> <b>2/13/05</b> Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #	