



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000023653</b>	
1. Entity Name <b>DONAWAY AND ASSOCIATES, INC.</b>	

Principal Place of Business <b>921 N DAVIS STREET BLDG E JACKSONVILLE, FL 32209</b>	Mailing Address <b>921 N DAVIS STREET BLDG E JACKSONVILLE, FL 32209</b>
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**DO NOT WRITE IN THIS SPACE**

	
02252007	No Chg-P
CR2E034 (11/05)	
4. FEI Number <b>65-0818817</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DONAWAY, STEVEN  
 921 N DAVIS STREET  
 BLDG E  
 JACKSONVILLE, FL 32209**

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DONAWAY, STEVEN 921 N DAVIS STREET, BLDG E JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONAWAY, KAREN 921 N DAVIS STREET, BLDG E JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/07/07-80059-004-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Steven Donaway* 2/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #