2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P98000023653

1. Entity Name

DONÁWAY AND ASSOCIATES, INC.



Principal Place of Business

921 N DAVIS STREET

BLDG E

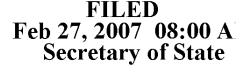
IACKSONVILLE, FL 32209

Mailing Address

921 N DAVIS STREET

BLDG E

JACKSONVILLE, FL 32209





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02252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0818817 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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 Sprinkers, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agents are quired when rematching) DATE												
Fil. After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	TORS										
MTE.	V											
NAME	DONAWAY, STEVEN											
STREET ADDRESS	921 N DAVIS STREET, BLDG E											
CITY-ST-ZDP	JACKSONVILLE, FL 32209				110000000000000							
TTLE	Р				### U00000649678							
NAME	DONAWAY, KAREN				03/07/07-90059-004-150.00							
STREET ADDRESS	921 N DAVIS STREET, BLDG E											
CATY-ST-ZOP	JACKSONVILLE, FL 32209											
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TITLE												

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:

STREET ADDRESS CITY-ST-ZIP

MONATURE AND TYPED ON PRINTED NAME OF SIGNING OF SPECIFIC DIRECTOR

2/22/5/

Daylime Phone #