## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P98000074625 05-03-2004 91235 026 \*\*\*150.00 1. Entity Name DONNELLY CONSTRUCTION INC. Principal Place of Business Mailing Address 128 LAKEVIEW RESERVE BLVD. WINTER GARDEN FL 34787 128 LAKEVIEW RESERVE BLVD. WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-3536558 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONNELLY, PAUL Street Address (P.O. Box Number's Not Acceptable) 476 LITTLE ASPEN COURT OCOEE FL 34761 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. 4-29-05 ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State .. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **Delete** Change TITLE Addition Paul J. Donnelly 128 Lakeview Reserve Blvd. DONNELLY, PAUL NAME. NAME 476 LITTLE ASPEN COURT STREET ADDRESS STREET ADDRESS Winter Garden, FL 34787 OCOEE FL 34761 CITY-ST-7IP CITY-ST-7IP NAME Cara L. Donnelly 128 Lakeview Reserve Blud Addition · □ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS Winter Garden FL 34787 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP Delete DIRE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

407-654-5773

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: