

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000074625

1. Entity Name
DONNELLY CONSTRUCTION INC.



Principal Place of Business
**128 LAKEVIEW RESERVE BLVD.
WINTER GARDEN, FL 34787**

Mailing Address
**128 LAKEVIEW RESERVE BLVD.
WINTER GARDEN, FL 34787**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536558	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

**DONNELLY, PAUL
128 LAKEVIEW RESERVE BLVD
WINTER GARDEN, FL 34787**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

U00000323950
04/22/05-80067-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DONNELLY, PAUL
STREET ADDRESS	128 LAKEVIEW RESERVE BLVD
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	V
NAME	DONNELLY, CARA L
STREET ADDRESS	128 LAKEVIEW RESERVE BLVD
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05
Date

407-654-5713
Daytime Phone #