


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90130 048 ***150.00

DOCUMENT # P99000030166		
1. Entity Name DONOVAN FAMILY MANAGEMENT, INC.		

Principal Place of Business 2131 BANQUOS TRAIL PENSACOLA, FL 32503	Mailing Address 2131 BANQUOS TRAIL PENSACOLA, FL 32503
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50006277



2. Principal Place of Business 223 E. GOVERNMENT ST	3. Mailing Address 223 E. GOVERNMENT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152006 Chg-P CR2E034 (11/05)

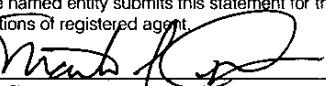
City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32502	Country
Zip 32502	Country

4. FEI Number 59-3581721	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DONOVAN, JOHN C 2131 BANQUOS TRAIL PENSACOLA, FL 32503	
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7. Name and Address of New Registered Agent Name DONOVAN, MARTIN J. Street Address (P.O. Box Number is Not Acceptable) 223 E. GOVERNMENT ST City PENSACOLA FL Zip Code 32502	
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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 	MARTIN J DONOVAN, PRESIDENT	3/17/2006
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, JOHN C 2131 BANQUOS TRAIL PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONOVAN, MARTIN J 4005 AIKEN RD PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, MARY E 2131 BANQUOS TRAIL PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DONOVAN, TIMOTHY 1521 N 14th Ave PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARBONNET, MILLICENT D 2728 MAGAZINE ST. NEW ORLEANS, LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHARBONNET, MILLICENT D 109 PALM AVE PASS CHRISTIAN, MS. 39571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, FREDERICK C 502 NORTH 20TH AVE. PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WHIBBS, ELIZABETH D 1801 E. JACKSON ST PENSACOLA, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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 another like empowered.

SIGNATURE: 	MARTIN J DONOVAN	3/16/2006	(850) 432-6104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #