


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90007 033 ***150.00

DOCUMENT # P99000030166 1. Entity Name DONOVAN FAMILY MANAGEMENT, INC.	
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Principal Place of Business 223 EAST GOVERNMENT ST PENSACOLA, FL 32502	Mailing Address 223 EAST GOVERNMENT ST PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3581721	Applied For 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, MARTIN J 223 EAST GOVERNMENT ST PENSACOLA, FL 32502
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, MARTIN J 4005 AIKEN RD 223 E. GOVERNMENT ST. PENSACOLA, FL 32503 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONOVAN, TIMOTHY 1521 NORTH 14TH AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARBONNET, MILLICENT D 109 PALM AVE PASS CHRISTIAN, MS 39571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONOVAN, FREDERICK C 502 NORTH 20TH AVE. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHIBBS, ELIZABETH D 1801 EAST JACKSON ST PENSACOLA, FL 32501
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARTIN J. DONOVAN	Date 1/11/2008 Daytime Phone # 850 432-6104
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