

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030166

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: DONOVAN FAMILY MANAGEMENT, INC.

## Current Principal Place of Business:

223 EAST GOVERNMENT ST  
PENSACOLA, FL 32502

## New Principal Place of Business:

## Current Mailing Address:

223 EAST GOVERNMENT ST  
PENSACOLA, FL 32502

## New Mailing Address:

FEI Number: 59-3581721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONOVAN, MARTIN J  
223 EAST GOVERNMENT ST  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DONOVAN, MARTIN J  
Address: 223 E GOVERNMENT ST.  
City-St-Zip: PENSACOLA, FL 32502

Title: VP ( ) Delete  
Name: DONOVAN, TIMOTHY  
Address: 1521 NORTH 14TH AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete  
Name: CHARBONNET, MILLICENT D  
Address: 109 PALM AVE  
City-St-Zip: PASS CHRISTIAN, MS 39571

Title: VP ( ) Delete  
Name: DONOVAN, FREDERICK C  
Address: 502 NORTH 20TH AVE.  
City-St-Zip: PENSACOLA, FL 32501

Title: T ( ) Delete  
Name: WHIBBS, ELIZABETH D  
Address: 1801 EAST JACKSON ST  
City-St-Zip: PENSACOLA, FL 32501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN J. DONOVAN

VP

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date