



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V04449 1. Entity Name ANTHONY M. DONINI, CPA, P.A.		
Principal Place of Business 1331 NORTH CENTRAL AVE SEBASTIAN, FL 32958 US		Mailing Address 1331 NORTH CENTRAL AVE. SEBASTIAN, FL 32958 US
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">  01032005 No Chg-P CR2E034 (10/03) </div>		
4. FEI Number 65-0302015		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DONINI, ANTHONY M. 1331 NORTH CENTRAL AVE SEBASTIAN, FL 32958		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DONINI, ANTHONY M. 506 CROSS CREEK CIR SEBASTIAN, FL 32958	<h2>DO NOT WRITE IN THIS SPACE</h2>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONINI, ANTHONY M. 506 CROSS CREEK CIR SEBASTIAN, FL 32958	
12. 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>ANTHONY DONINI</u> 1/3/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		