


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90033 003 \*\*\*150.00

**DOCUMENT # V43054**  
 1. Entity Name  
**MIDON REALTY MGT. CORP.**



Principal Place of Business      Mailing Address  
 8638 PHILLIPS HWY      8638 PHILLIPS HWY  
 SUITE 3      SUITE 3  
 JACKSONVILLE, FL 32256      JACKSONVILLE, FL 32256

**DO NOT WRITE IN THIS SPACE**



02072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3136813      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DONZIGER, MICHAEL J.  
 8638 PHILLIPS HWY #3  
 JACKSONVILLE, FL 32256

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONZIGER, MICHAEL J.
STREET ADDRESS	8638 PHILLIPS HWY #3
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:** *Michael J. Donziger*      2/21/08      367-8620  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #