

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000041445

**Entity Name:** DONMAX & ASSOCIATES, INC.**Current Principal Place of Business:**8647 BLAZE CT  
DAVIE, FL 33328**Current Mailing Address:**8647 BLAZE COURT  
DAVIE, FL 33328 US**FEI Number:** 46-2783860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARQUHARSON, DONALD  
8647 BLAZE COURT  
DAVIE, FL 33328 US*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**Officer/Director Detail :**

Title	P
Name	FARQUHARSON, DONALD
Address	8647 BLAZE COURT
City-State-Zip:	DAVIE FL 33328

Title	VP
Name	FARQUHARSON, MAXINE
Address	8647 BLAZE COURT
City-State-Zip:	DAVIE FL 33328

Title	DIRECTOR
Name	FARQUHARSON , DONALD WAYNE JR.
Address	8647 BLAZE CT
City-State-Zip:	DAVIE FL 33328

Title	DIRECTOR
Name	TURUNEN, RENEE KAMILAH
Address	3000 SW 14 ST
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	DIRECTOR
Name	FARQUHARSON, RICQUELLE KRISTINA
Address	8647 BLAZE CT
City-State-Zip:	DAVIE FL 33328

*I hereby 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 all other like empowered.*

**SIGNATURE: DONALD FARQUHARSON****PRESIDENT****03/20/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date