2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM DOCUMENT # P02000099718 **Secretary of State** 1. Entity Name MCMAR COMPANY, INC. Principal Place of Business Mailing Address 782 SW 17TH AVENUE DELRAY BEACH FL 33444 782 SW 17TH AVENUE DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 43-1996371 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKISIC, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4262 NORTH MAGNOLIA CIRCLE DELRAY BEACH FL 33444 City Zio Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete BILE ☐ Change NAME MCKISIC, MICHAEL S NAME STREET ADDRESS STREET ADDRESS 4262 NORTH MAGNOLIA CIRCLE CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP Change TITLE Defete TITLE ☐ Addition NAME HARTEL, JOSEPH NAME STREET ADDRESS 5567 N LEWIS ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CffY -ST-782 Addition TITLE ☐ Oelete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TIME Change CT ALICE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addin NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: