

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038737

Entity Name: KATHY M. MACKENZIE, PA

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

10113 KINGSHYRE WAY
TAMPA, FL 33647 US

New Principal Place of Business:

17918 ARBOR HAVEN DRIVE
TAMPA, FL 33647 US

Current Mailing Address:

10113 KINGSHYRE WAY
TAMPA, FL 33647 US

New Mailing Address:

17918 ARBOR HAVEN DRIVE
TAMPA, FL 33647 US

FEI Number: 56-2427681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKENZIE, CALUM J SR.
10113 KINGSHYRE WAY
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

MACKENZIE, CALUM J SR.
17918 ARBOR HAVEN DRIVE
TAMPA, FL 33647 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: CALUM J. MACKENZIE, SR.

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACKENZIE, KATHY M
Address: 10113 KINGSHYRE WAY
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACKENZIE, KATHY M
Address: 17918 ARBOR HAVEN DRIVE
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CALUM J. MACKENZIE, SR.

PRES

03/23/2005

Electronic Signature of Signing Officer or Director

Date