
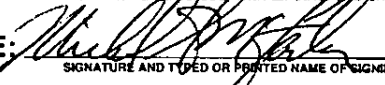


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90382 008 \*\*\*150.00

DOCUMENT # P04000081642			
1. Entity Name MCFARLANE & SMALL ENTERPRISES, INC.			
Principal Place of Business 3727 PROSPECT AVE. NAPLES, FL 34104		Mailing Address 3727 PROSPECT AVE. NAPLES, FL 34104	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCFARLANE, MICHAEL 3727 PROSPECT AVE. NAPLES, FL 34104		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	MCFARLANE, MICHAEL	NAME	President McFarlane, Michael
STREET ADDRESS	2567 39TH AVE. WEST.	STREET ADDRESS	7480 TreeLine DR.
CITY-ST-ZIP	SEATTLE, WA 89159	CITY-ST-ZIP	Naples FL. 34119
TITLE	V	TITLE	V.P. OF SALES
NAME	SMALL, JEFFREY	NAME	Small, Jeffery
STREET ADDRESS	30029 128TH CT. SE	STREET ADDRESS	308 Spider Lily Lane
CITY-ST-ZIP	AUBURN, WA 98092	CITY-ST-ZIP	Naples FL. 34119
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 time empowered.			
SIGNATURE: 		Michael A. McFarlane	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/13/05	
		Daytime Phone #	

40061743



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1182617 Applied For Not Applicable

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