

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15656

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: MCDONALD REALTY SERVICES, INC.

## Current Principal Place of Business:

% JOALICE MCDONALD  
408 W RENFRO ST, STE 102  
PLANT CITY, FL 33563

## New Principal Place of Business:

% JOALICE MCDONALD  
110 W. REYNOLDS ST. SUITE 106  
PLANT CITY, FL 33563

## Current Mailing Address:

% JOALICE MCDONALD  
408 W RENFRO ST, STE 102  
PLANT CITY, FL 33563

## New Mailing Address:

% JOALICE MCDONALD  
110 W. REYNOLDS ST. SUITE 106  
PLANT CITY, FL 33563

FEI Number: 59-2087044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONALD, JOALICE  
408 W RENFRO ST, STE 102  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

MCDONALD, JOALICE  
110 W. REYNOLDS ST. SUITE 106  
PLANT CITY, FL 33563 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:

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MCDONALD, JOALICE,  
Address: P.O. BOX 697  
City-St-Zip: PLANT CITY, FL 33564 US

Title: V ( ) Delete  
Name: TYSON, KARON M  
Address: 4808 CAMERON RD  
City-St-Zip: PLANT CITY, FL 33567 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KARON M. TYSON

V

02/02/2005

Electronic Signature of Signing Officer or Director

Date