

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 308322

1. Entity Name
DONALD W. MCINTOSH ASSOCIATES INC



Principal Place of Business
**2200 PARK AVE NORTH
WINTER PARK, FL 32789-2355**

Mailing Address
**2200 PARK AVE NORTH
WINTER PARK, FL 32789-2355**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1151358

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCINTOSH, DONALD W., JR.
2200 PARK AVENUE NORTH
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCINTOSH, PATRICIA
9135B SW 20TH PL
FORT LAUDERDALE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
MCINTOSH, DONALD W JR
1350 VENETIAN WAY
MAITLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TRUE, CHARLES H.
613 RIDGEWOOD DR.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HATCH, JANET B
1578 PINEHURST DRIVE
OVIEDO, FL 32766**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000258745
03/10/05-80053-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/05

407-644-4668