

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 049 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V.P.
George D. Delaney
2032 Collier Drive
Fern Park, FL 32730-3104 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V.P.
Keith A. Ruddick
1215 Oakley Street
Orlando, FL 32806 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
Controller
Linda D. Rubin
235 Main Rd
Lake Mary, FL 32746 ☐ Delete **Add**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VP
Rocky L. Carson
602 Ranger Blvd
Winter Park, FL 32792-4526 ☐ Delete **Add**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

407-6444668