

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 385797

FILED
Apr 06, 2009
Secretary of State

Entity Name: MC DONALD VALVE AND FITTING, INC.

Current Principal Place of Business:

710 PRAIRIE MINE RD
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

P O BOX 1016
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-1363891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, WILLIAM L
6228 SOMERSET W.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JERRY L
Address: 5302 NICHOLS DR. E.
City-St-Zip: LAKELAND, FL 33813

Title: STD () Delete
Name: MATHIS, WILLIAM L
Address: 6228 SOMMERSET W.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, JERRY L
Address: 5302 NICHOLS DR. E.
City-St-Zip: LAKELAND, FL 33813 US

Title: STD (X) Change () Addition
Name: MATHIS, WILLIAM L
Address: 6228 SOMMERSET W.
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM L. MATHIS

STD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date