2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 428913

Entity Name: MACKAY ESTATES, INCORPORATED

Current Principal Place of Business:

900 SO GLENCRUITEN
PO BOX 11
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

P.O. BOX 11
LAKE ALFRED, FL 33850 US

Current Mailing Address:

P. O. BOX 11
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-1469906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGLER, ALICIA L
2222 EWELL ROAD
LAKELAND, FL 33811 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: VD ( ) Delete
Name: MACKAY-JAMES, MAXIM,
Address: 900 S. GLENCRUITEN AVE.
City-St-Zip: LAKE ALFRED, FL

Title: ST ( ) Delete
Name: SIGLER, ALICIA L
Address: 2222 EWELL ROAD
City-St-Zip: LAKELAND, FL 33811

Title: PD ( ) Delete
Name: MACKAY-JAMES, SUSANA, H
Address: 900 S GLENCRUITEN AVE
City-St-Zip: LAKE ALFRED, FL

Title: D ( ) Delete
Name: ROWSE, BILL
Address: 135 5TH STREET NORTHWEST
City-St-Zip: WITNER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: MACKAY-JAMES, MAXIM,
Address: P.O. BOX 11
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: ST (X) Change ( ) Addition
Name: SIGLER, ALICIA L
Address: 2222 EWELL ROAD
City-St-Zip: LAKELAND, FL 33811 US

Title: PD (X) Change ( ) Addition
Name: MACKAY-JAMES, SUSANA, H
Address: P.O. BOX 11
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: D (X) Change ( ) Addition
Name: ROWSE, BILL
Address: 135 5TH STREET NORTHWEST
City-St-Zip: WITNER HAVEN, FL US

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: ALICIA L. SIGLER ST 04/12/2005
Electronic Signature of Signing Officer or Director Date