## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 28, 2008 8:00 am Secretary of State 08-07-2008 90063 004 \*\*\*558.75

| DOCUI<br>1. Entity Name<br>MCDONO  |   |                                       |                               | •  | 08-07-2           | 2008 9006  | 53 004 *                 | **558.75          |                |                          |                          |
|--|---|---------------------------------------|-------------------------------|--|-------------------|------------|--------------------------|-------------------|----------------|--------------------------|--------------------------|
| Principal Place  | e of Business                                     | 3                                     | Mailing Address               |  |                   |            |                          |                   |                |                          |                          |
| 19 E. CENTR  |   |                                       | 19 E. CENTRAL BLVD.           |  |                   |            |                          |                   | ^              |                          |                          |
| P.O. DRAWER 1991   |   |                                       | P.O. DRAWER 1991              |  |                   | 6          | 601614                   | b                 |                |                          |                          |
| ORLANDO, FL 32802  |   |                                       | ORLANDO, FL 32802             |  |                   | I ITOTA OU | l Berl odisk birdi iskal |                   | B OTEN END BI  | EIIN B M B               |                          |
| 2. Principal Place of Business - No P.O. Box #   |   |                                       | 3. Mailing Address            |  |                   |            |                          |                   |                |                          |                          |
| Suite, Apt. #, etc.  |   |                                       | Suite, Apt. #, etc.           |  |                   |            | 07212008                 | Chg-P             | CR2E0          | 34 (12/06)               |                          |
| City & State   |   |                                       | City & State                  |  |                   |            | 4. FEI Numb<br>59-122    |                   |                |                          | pplied For of Applicable |
| Zip  | Country   |                                       | Zip Cou                       |  | try               |            |                          | of Status Desired |                | \$8.75 Ad<br>Fee Require | ditional                 |
| 6. Name and Address of Current R   |   |                                       | Registered Agent              |  | Į.                |            | 7. Name and              | Address of New    |                |                          |                          |
|  |   |                                       |                               |  | Name              |            |                          |                   |                |                          |                          |
| MCDONOR<br>519 WHISI<br>LONGWOOD   | HPERWO  | OD DR                                 |                               | Street Address (P.O. Box Number is Not Acceptable) |                   |            |                          |                   |                |                          |                          |
|  |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
|  |   |                                       |                               |  | City              |            |                          |                   | FL             | Zip Cod                  | le                       |
| 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 lamiliar with, and accept the obligations of registered agent.  |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
| SIGNATURE  |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
|  | Signature, typed                                  | or printed name of registered agent a | ind title if supplicable, (N  | O1E: Regrettere                                    | d Ageni signisuri | n recurred | when remateling)         | ···               | DATE           |                          |                          |
| FILE NOW!!! FEE 18 \$550.00  9. Election Campaign Financing \$5.00 May Ba Trust Fund Contribution.   |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
| 10.  |   | OFFICERS AND I                        | DIRECTORS                     | 11.  |                   |            | ADDITIONS.               | CHANGES TO O      | FFICERS AND    | DIRECTOR                 | SINIL                    |
| TITLE  | ٧   |                                       | Delete                        | TaTL   | : 5               | عجره       | CHARY                    |                   | •              | ☐ Change                 | Addition                 |
| NAME<br>STREET ADDRESS   | WIELAND, WILLIAM J                                |                                       |                               |  |                   | 4/20       | Rew 5                    | eemo              | G              |                          | 1                        |
| CITY-ST-ZIP  | 19 EAST CENTRAL BLVD SIR<br>ORLANDO, FL 32801 CII |                                       |                               |  |                   | 203        | 7 May                    | elano<br>of year  | 25 2 2 ·       |                          | 1                        |
| tifle ·  | P   |                                       | ☐ Delete                      | 1111   | · · · /           |            | mog                      | F & G &           |                | ☐ Change                 | Addition                 |
| NAME   | MCDONO  | UGH, JOHN R                           |                               | NAM  | T I               |            |                          |                   |                |                          |                          |
| STREET ADDRESS   |   | PERWOOD DRIVE                         |                               |  | EI ADORESS        |            |                          |                   |                |                          | }                        |
| CITY-ST-ZIP  | LONGWO  | OD, FL 00000,                         |                               |  | - \$1 - ZIP       |            |                          | <del></del>       |                |                          |                          |
| NAME   |   |                                       | C) Delete                     | 101LL  | 1                 |            |                          |                   |                | Change                   | Addition                 |
| STREET ADDRESS   |   |                                       |                               |  | ET ADORESS        |            |                          |                   |                |                          | l                        |
| CITY-ST-ZIP  |   |                                       | ·                             | CIIY   | -\$1-ZIP          |            | ·                        |                   |                |                          |                          |
| THTLE<br>HALLE   |   |                                       | ☐ Delete                      | TOTLE  |                   |            |                          |                   |                | Change                   | Addition                 |
| STREET ADORESS   |   |                                       | -                             | NAMA<br>SIRE                                       | ET ADORESS        |            |                          |                   |                |                          |                          |
| CITY-S1-ZIP  |   |                                       |                               |  | -51-21P           |            |                          |                   |                |                          |                          |
| utr  |   |                                       | ☐ Delete                      | HILL   |                   |            |                          |                   |                | Change                   | Addition                 |
| NAME<br>STREET ADDRESS   |   |                                       |                               | NAM  | ET ADDRESS        |            |                          |                   |                |                          |                          |
| CITY-ST-ZIP  |   |                                       |                               |  | -SI-ZIP           |            |                          |                   |                |                          | Ì                        |
| 115LE  |   |                                       | ☐ Detete                      | 1016   |                   |            |                          |                   |                | Change                   | Addition                 |
| NAME<br>CTREET ADDRESS   |   |                                       |                               | NAM  |                   |            |                          |                   |                |                          |                          |
| STREET ADDRESS<br>CITY-S1-ZIP  |   |                                       |                               |  | FT ADORESS        |            |                          |                   |                |                          | 1                        |
|  | certify that the                                  | nio heilands goitsmalied with         | this filing date mot qualify  |  | اء                | ntoined    | in Chapter 110           | Florida Ctatuton  | I further east | v that the i-            | Mormation                |
| 12. I hereby certify that the information stopplied with this filing dees not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental ripog is true and accurate and that my signature shot have the same legal effect as if made under each; that I am an officer or director of the composition of the receiver for trigities empowered by several large energy in strength of the same legal effect as if made under each; that I am an officer or director of the composition of the receiver for trigities empowered large excute his report as required by shapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or provided that the same report of the s |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
|  |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
| SIGNATURE \$ 100 00 00 00 00 8 26/08 4074257577  |   |                                       |                               |  |                   |            |                          |                   |                |                          |                          |
|  | \   | A SIGNATURE AND TYPES OR PI           | RINTED HAME OF SIGNING OFFICE | R OR DIRECT  | /ON               | _ /        | 7                        | - YDam            | On             | yare Phone #             |                          |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

66016146

August 13, 2008

MCDONOUGH & WIELAND, P.A. 19 E. CENTRAL BLVD. P.O. DRAWER 1991 ORLANDO, FL 32802

Subject: MCDONOUGH & WIELAND, P.A.

Reference Number:

600585

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/np ANNUAL REPORTS SECTION Enclosed Executed 2008

Annual Report however, I did not feceive one check back soit is not enclosed, CAII w/ questions

400/425-7577

Kim