## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000861

## FILED Jul 12, 2005 08:00 AM Secretary of State

1. Entity Nar MCDON	ALD MOBILE OFFICES, INC.	•			~ ~ ~ ~	J J	
Principal Plac	ce of Business	Mailing Address	<del> </del>	7	=		
23800 WEST EIGHT MILE ROAD SOUTHFIELD, MI 48034-4237 SOUTHFIELD, MI 48034-4237 SOUTHFIELD, MI 48034-4237							
JOUTHFIELE	=	3001 HFIGLD, MI 40034-4237			MBII		
F	O NOT WOITE I	N THE CDA	<b>~</b> F	06302005	No Chg-P	CR2E034	(10/03)
. <u>L</u>	OO NOT WRITE I	IN THIS SPA	CE	4. FEI Numbe 38-156			Applied For Not Applicable
		·	·	5. Certificate	of Status Desired		3.75 Additional e Required
	6. Name and Address of Current Reg	istered Agent				· ·. ··	
STARK, R. KEITH ESQ. 267 BAREFOOT BEACH BLVD., UNIT 402 BONITA SPRINGS. FL 34134			DO NOT WRITE				
BONHAS	PRINGS, FL 34134			IN 7	THIS SP	ACE	
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	éd office or registe	red agent, or bot	h, in the State of Fic	rida. I am fan	niliar with, and accept
	Signature, typed or printed name of registered agent and fit	e if applicable. (NOTE Registere	d Agent signature require	d when reinstating)		DATE	
FILE NOWII! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ded to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIRE	ECTORS				- 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, BRUCE E 23800 WEST EIGHT MILE ROAD SOUTHFIELD, MI 480344237	- <del></del>			U000003 07/12/05-8	72234 0001–002	2 150.00
TITLE NAME	V STARK, R. KEITH	1000			<u> </u>	·	•

STREET ADDRESS 267 BAREFOOT BEACH BLVD., UNIT 402 CITY-ST-ZIP BNITA SPRINGS, FL 34134 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 DIRECTOM

BRUEE E. MEDON ALD 6/31/05

248-356-0366

Daytime Phone #