

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90246 009 ***150.00

DOCUMENT # F02000001428

1. Entity Name

MCDONALD SECURITY CORPORATION



Principal Place of Business

**5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235**

Mailing Address

**5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-0995655**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, ROBERT J
5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235**

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, 2004 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

TITLE	CPVP	<input type="checkbox"/> Delete
NAME	MCDONALD, ROBERT J	
STREET ADDRESS	5021 COUNTRY MEADOWS BLVD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	ST	<input checked="" type="checkbox"/> Delete (ONLY)
NAME	MCDONALD, ROBERT J	
STREET ADDRESS	5021 COUNTRY MEADOWS BLVD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, PHILIP S	
STREET ADDRESS	3032 SANDY HOOK DR	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, SHAWN I	
STREET ADDRESS	PO BOX 74	
CITY-ST-ZIP	MOOSE PASS AK 99631	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD ROBERT J.	
STREET ADDRESS	5021 COUNTRY MEADOWS BLVD.	
CITY-ST-ZIP	SARASOTA, FL. 34235	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ANNE-MARIE L.	
STREET ADDRESS	2200 MIDLAND GROVE RD., SUITE 205	
CITY-ST-ZIP	ROSEVILLE, MN 55113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert J. McDonald, President (by [3/16/04] 941-379-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT J. MCDONALD PRES. (by ANNE-MARIE THOMAS P.O.A.)