


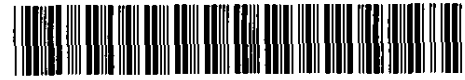
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001428
 1. Entity Name
MCDONALD SECURITY CORPORATION



Principal Place of Business Mailing Address
5021 COUNTRY MEADOWS BLVD **5021 COUNTRY MEADOWS BLVD**
SARASOTA FL 34235 **SARASOTA FL 34235**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
MCDONALD, ROBERT J
5021 COUNTRY MEADOWS BLVD
SARASOTA FL 34235

7. Name and Address of New Registered Agent
 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 name in the State of Florida. I am familiar with and accept the obligations of registered agent.
as correct (no change)
 SIGNATURE: *Robert J. McDonald Pres. (By POA Anne Marie Thomas)*
Signature typed or printed name of filer (do not include title, if applicable) (NOTE: Registered Agent information required when submitting a) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	TD	<input type="checkbox"/> Delete
NAME	MCDONALD, ROBERT J	
STREET ADDRESS	5021 COUNTRY MEADOWS BLVD	
CITY - ST - ZIP	SARASOTA FL 34235	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, ANNE MARIE L	
STREET ADDRESS	2200 MIDLAND GROVE RD., SUITE 205	
CITY - ST - ZIP	ROSEVILLE MN 55113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000945128
 05/29/08-80127-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 (By POA: Anne Marie Thomas) (4/25/08) (941-379-5111)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY OF MONTH