## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2006 8:00 am **DOCUMENT # F03000005826 Secretary of State** 1. Entity Name THE MAKELA CORPORATION 02-09-2006 90042 050 \*\*\*150.00 Principal Place of Business Mailing Address 3110 S. PONTE VEDRA BLVD. 3110 S. PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 52-0958156 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAKELA, BARBARA J Street Address (P.O. Box Number is Not Acceptable) 3110 STPONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTCD TITLE Delete TITI F ☐ Change ☐ Addition NAME MAKELA, O K NAME 3110 S. PONTE VEDRA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP STIVERS ☐ Delete Change ☐ Addition STIVERS, LISA M. STEVENS, LISA M NAME NAME 6564 ZOYSIA CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALEXANDRIA, VA 22312 CITY-ST-ZIP TITLE SD ☐ Detete TITLE ☐ Change ☐ Addition MAKELA, BARBARA J NAME NAME STREET ADDRESS 3110 S. PONTE VEDRA BLVD. STREET ADDRESS CITY-ST-7IF PONTE VEDRA BEACH, FL 32082 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

O.K. MAKELA

**FILED**