


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006781	
1. Entity Name CLAN MACKAY SOCIETY USA, INC.	

Principal Place of Business 7015 PALMETTO LANE TAMPA, FL 33604	Mailing Address 7015 PALMETTO LANE TAMPA, FL 33604
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1987040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACKAY, JAMES T 7015 PALMETTO LANE TAMPA, FL 33604
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKAY, DAVID R 5461 POPLAR DRIVE MONROE, MI 48161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, JONATHAN 6427 ESTELLE ST. SAN DIEGO, CA 92115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAMASI, RUTH 4991 KARL'S GATE DR. MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, MARY ANN 9501 E. FLANDERS DR MESA, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80012-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T Mackay
4 Jan 06 813-784-9893

Date

Daytime Phone #