

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002917

1. Entity Name

MACDONALD CONSULTING GROUP, INC.



Principal Place of Business

1100 JOHNSON FERRY ROAD
SUITE 450
ATLANTA, GA 30342

Mailing Address

1100 JOHNSON FERRY ROAD
SUITE 450
ATLANTA, GA 30342



02202008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1914443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGELLO, MICHAEL A
12643 RACE TRACK RD
TAMPA, FL 33626

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MENTER, RUTH
STREET ADDRESS 1100 JOHNSON FERRY RD, STE 450
CITY-ST-ZIP ATLANTA, GA 30342

TITLE VP
NAME HOAD, NICHOLAS
STREET ADDRESS 1100 JOHNSON FERRY RD., STE 450
CITY-ST-ZIP ATLANTA, GA 30342

TITLE D
NAME AUGELLO, MICHAEL
STREET ADDRESS 12643 RACE TRACK RD
CITY-ST-ZIP TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000922764
05/16/08-80003-021 150.00

**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 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 DIRECTOR

Date

Daytime Phone #

4/23/08

813 854 3388