


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000003463	
1. Entity Name MCJAX MANAGER, INC.	

Principal Place of Business ONE OFFICE PARK CIRCLE, SUITE 300 BIRMINGHAM, AL 35223	Mailing Address ONE OFFICE PARK CIRCLE, SUITE 300 BIRMINGHAM, AL 35223
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1229112	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000581877
01/11/07-80009-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCDONALD, WILLIAM W JR ONE OFFICE PARK CIR, STE 300 BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS MCDONALD, WILLIAM W JR ONE OFFICE PARK CIRCLE, SUITE 300 BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCDONALD, WILLIAM W JR ONE OFFICE PARK CIRCLE, SUITE 300 BIRMINGHAM, AL 35223
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: William W. McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

Date

205-879-0456

Daytime Phone if