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Mar 17, 2006 8:00 am
Secretary of State



03-17-2006 90133 009 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

20017392



02282006 Chg-P CR2E034 (11/05)

DOCUMENT # G06992			
1. Entity Name MACDILL SERVICE CORPORATION			
Principal Place of Business 9927 DELANEY LAKE DRIVE TAMPA, FL 33619 US		Mailing Address 9927 DELANEY LAKE DRIVE TAMPA, FL 33619 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 89909 Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
		33689	US
4. FEI Number 59-2295969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEINSTEIN, DAVID B 625 E TWIGGS ST STE 100 TAMPA, FL 33602		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 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	RILEY, RUSS		
STREET ADDRESS	201 E. KENNEDY BLVD., 7TH FLOOR		
CITY- ST- ZIP	TAMPA, FL 33602		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	LANGAN, GEORGE C.		
STREET ADDRESS	1734 SHADY LEAF DR.		
CITY- ST- ZIP	VALRICO, FL 335946129		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	HENNING, HAL, P		
STREET ADDRESS	4632 WESTFORD CIRCLE		
CITY- ST- ZIP	TAMPA, FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SIMMONS, LINDA		
STREET ADDRESS	14025 RIVEREDGE DRIVE, SUITE 550		
CITY- ST- ZIP	TAMPA, FL 33637		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	CARPENTER, CHARLES		
STREET ADDRESS	1003 CHERWOOD LANE		
CITY- ST- ZIP	BRANDON, FL		
TITLE	CD	<input type="checkbox"/> Delete	
NAME	LAPLANT, ROBERT E		
STREET ADDRESS	15917 WOODPOST PLACE		
CITY- ST- ZIP	TAMPA, FL 33624		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Vasiloff, Paul		
STREET ADDRESS	2211 Glen Mist Dr.		
CITY- ST- ZIP	Valrico, FL 33594		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	CD	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		2/1/06 (813) 837-2451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	