

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # J37694

**1. Entity Name
S & D MAC, INC.**



**Principal Place of Business
7560 N.W. 1ST CT.
PEMBROKE PINES, FL 33024**

**Mailing Address
7560 N.W. 1ST CT.
PEMBROKE PINES, FL 33024**



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0026008

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNEIL, DOROTHY H.
7560 NW 1ST COURT
PEMBROKE PINES, FL 33024**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCNEIL, DOROTHY H.
STREET ADDRESS	7560 N.W. 1ST CT.
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	VD
NAME	WHITE, SUZANNE
STREET ADDRESS	7560 N.W. 1ST COURT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	TD
NAME	WHITE, BARBARA
STREET ADDRESS	126 CHAFFEY ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	SD
NAME	WHITE, WILLIAM R.
STREET ADDRESS	126 CHAFFEY ROAD
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/05-80030-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Suzanne White, Suzanne White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/05 954-981-5713

DATE

Daytime Phone #