

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90089 039 ***150.00

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**

20015285



03022006 No Chg-P CR2E034 (11/05)

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, 2006 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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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: Suzanne White Suzanne White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06
Date

954-981-5713
Daytime Phone #