## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # J64023** 03-09-2006 90149 021 \*\*\*150.00 MACKOTE, INC. Principal Place of Business Mailing Address PO BOX 3083 2400 CHANCERY DR HOLIDAY, FL 34690 HOLIDAY, FL 34690 **ZU** 2. Principal Place of Business 12108 PENZANCE 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/05) 02242006 Cha-P Applied For City & State 4. FEI Number City & State 59-2802255 Not Applicable NEW YOR \$8.75 Additional Country Zio 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ss of Current Registered Agent JAMES MCDONALD, M. JAMES 2400 CHANCERY DRIVE HOLIDAY, FL 84690 FINZANCE 4654 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: Recustored Agent transfure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete BULE McDonald - M. JAMES 12108 PENZANCE LA. TITLE MCDONALD, M. JAMES NAME NAME STREET ADDRESS 2400 CHANCERY DR. STREET ADDRESS NEW PORT Richey-FL- 34654 HOLIDAY, FL. 34690 CITY-ST-ZIP CITY-ST-ZP Change Addition TITLE Defete TITLE PAULA MCDONALD 12108 PENZANCE LA MCDONALD, PAULA M. NAME NAME STREET ADDRESS 2400 CHANCERY DRIVE STREET ADDRESS NEW PORT RichEY-FL- 34654 HOLIDAY, FL CUTY-ST-ZIP CITY-51-78 TITLE Oelete MAME MCDONALD, MICHAEL P. MALE STREET ADDRESS STREET ADORESS **5842 LINGO CT.** CITY-ST-ZIP NEW PT. RICHEY, FL CITY-ST-ZIP nne TILE 1. James McDonald Oelete NAME JAMES M. MCDONALD NUME 12108 PENZAWCE-LO. STREET ADDRESS 2400 CHANCERY DR. STREET ADDRESS NEW Port Richey, FL- 34654 CITY-ST-ZP HOLIDAY, FL CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZE RRE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP 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 orian attackment with an address, with all other like empowered. PAULA MCDONALD 3-7-06 737-856-8943 SIGNATURE

FILED

Mar 09, 2006 8:00 am