

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01000

FILED
Apr 13, 2009
Secretary of State

Entity Name: MCDONALD FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

1 SAN JOSE PL
STE 14-G
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

1 SAN JOSE PL
STE 14-G
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2863072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATFORD, STEPHEN
4130 SALISBURY RD N, #1250
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDONALD, JAMES L.
Address: 2228 CHERYL DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: SVP () Delete
Name: MCDONALD, HARRIET
Address: 2203 CHERYL DR
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONALD, JAMES L.
Address: 2228 CHERYL DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. MCDONALD

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date