


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90043 047 ***150.00

DOCUMENT # M52940 1. Entity Name MARIELENE MCGREGOR, P.A.					
Principal Place of Business 324 PAYNE DRIVE 255 WESTWARD DR. MIAMI SPRINGS, FL 33166				Mailing Address 324 PAYNE DRIVE 255 WESTWARD DR. MIAMI SPRINGS, FL 33166	
2. Principal Place of Business 255 WESTWARD DR. Suite, Apt. #, etc. MIAMI SPRINGS, FL.				3. Mailing Address 255 WESTWARD DR. Suite, Apt. #, etc. MIAMI SPRINGS, FL.	
City & State 33166		City & State 33166		4. FEI Number 59-2830924	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGREGOR, MARIELENE 324 PAYNE DRIVE 255 WESTWARD DR. MIAMI, FL 33166 SPRINGS				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: <u><i>[Signature]</i></u> (Sorry!) DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGREGOR, MARIELENE 324 PAYNE DRIVE 255 WESTWARD DR. MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Marlene McGregor, Realtor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

40012304



01192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2830924

Applied For
Not Applicable

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

MCGREGOR, MARIELENE
324 PAYNE DRIVE 255 WESTWARD DR.
MIAMI, FL 33166
SPRINGS

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: *[Signature]* (Sorry!) DATE: _____
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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 MCGREGOR, MARIELENE
STREET ADDRESS ~~324 PAYNE DRIVE~~ 255 WESTWARD DR.
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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SIGNATURE: *Marlene McGregor, Realtor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____