


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000196 1. Entity Name MCKAY'S MASQUERS, INC.	
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Principal Place of Business 6250 SAVANNAH DR. MELBOURNE VILLAGE, FL 32904	Mailing Address 6250 SAVANNAH DR. MELBOURNE VILLAGE, FL 32904
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3492374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKAY, ALLISON
6250 SAVANNAH DR.
MELBOURNE VILLAGE, FL 32904

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, ALLISON 6250 SAVANNAH DR. MELBOURNE VILLAGE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, MAVIS 41 N. FERNWOOD DR. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PISCIONE, MARY 367 ESTER BROOK AVE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80090-018 61.25

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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 617, 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: Mary Piscione **MARY PISCIONE** 4-28-06 321-676-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #