


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000040124
 1. Entity Name
 DONALD A. MACDONALD & ASSOCIATES, INC.



Principal Place of Business Mailing Address
 12092 NW 27TH DR. 12092 NW 27TH DR.
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1004241 Not Applicable

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

6. Name and Address of Current Registered Agent
 SULLIVAN, WILLIAM F ESQ
 2211 E SAMPLE RD., STE. 204
 LIGHTHOUSE POINT, FL 33064

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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 *Donald A. Macdonald* 5-17-04
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, 2004 Fee will be \$550.00

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

00000160960
 05/19/04-80003-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACDONALD, DONALD A 12092 NW 27 DRIVE CORAL SPRINGS, FL 33065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: *Donald A. Macdonald* 5-17-04 954 763 4093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #