



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

JUN 14 2005

DOCUMENT # P00000046494 1. Entity Name MACKINLAY BACKHOE SERVICE, INC.						FILED JUN 13 PM 3:16 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
Principal Place of Business 1402 S. SEACREST BLVD. BOYNTON BEACH, FL 33435				Mailing Address 1402 S. SEACREST BLVD. BOYNTON BEACH, FL 33435			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1009428		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06062005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent MCGOEY, MICHAEL J 209 N. SEACREST BLVD. BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 639 EAST OCEAN AVENUE SUITE 101 City BOYNTON BEACH, FL Zip Code 33435			
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> DATE: <u>6/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				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	PSTD MACKINLAY, WILLIAM <input checked="" type="checkbox"/> Delete 1402 S. SEACREST BLVD. BOYNTON BEACH, FL 33435			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PSTD VALRY MACKINLAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1402 SE SEACREST BLVD BOYNTON BEACH, FL 33435		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>William G Mackinlay</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>6/9/2005</u> Daytime Phone #: <u>737 2474</u>			