

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052189

Entity Name: JON MACDONOUGH, INC.

FILED  
Feb 25, 2005  
Secretary of State

## Current Principal Place of Business:

7496 REELINE DR.  
NAPLES, FL 34119

## New Principal Place of Business:

7496 TREELINE DR.  
NAPLES, FL 34119

## Current Mailing Address:

PO BOX 110151  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 59-3451225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACDONOUGH, JON  
2152 HARLAN RD.  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

MACDONOUGH, JON  
7496 TREELINE DR  
NAPLES, FL 34119 US

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: JON MACDONOUGH

02/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MACDONOUGH, JON  
Address: 2152 HARLAN RD.  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: MACDONOUGH, JON  
Address: 7496 TREELINE DR  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON MACDONOUGH

PVST

02/25/2005

Electronic Signature of Signing Officer or Director

Date