

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062599

FILED
Apr 01, 2008
Secretary of State

Entity Name: MAC DADDYS' INTERNATIONAL IRISH PUB, INC.

Current Principal Place of Business:

11024 STATE ROAD 52
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

11024 STATE ROAD 52
HUDSON, FL 34669

New Mailing Address:

6642 ROWAN ROAD
NEW PORT RICHEY, FL 34653

FEI Number: 59-3731260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUIRE, THOMAS M
11024 STATE ROAD 52
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

ELLROD, MATTHEW D
6642 ROWAN ROAD
NEW PORT RICHEY, FL 34653 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: MATTHEW D. ELLROD

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGUIRE, THOMAS M
Address: 11024 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: MABIN, ALEXANDER III
Address: 11024 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: ELLROD, MATTHEW D
Address: 6642 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D,VP (X) Change () Addition
Name: BOLLES, NANCY
Address: 12223 SMOKEY DRIVE
City-St-Zip: HUDSON, FL 34669

Title: S,T () Change (X) Addition
Name: BOLLES, NANCY
Address: 12223 SMOKEY DRIVE
City-St-Zip: HUDSON, FL 34669

Title: D () Change (X) Addition
Name: MCGUIRE, SHANNON
Address: 3440 WINTHROP DRIVE
City-St-Zip: PARMA, OH 44134

Title: D () Change (X) Addition
Name: MCGUIRE, MARY
Address: 9507 ANDY DRIVE
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MATTHEW D. ELLROD

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date