

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P02000099718		
1. Entity Name MCMAR COMPANY, INC.		

Principal Place of Business 782 SW 17TH AVENUE DELRAY BEACH FL 33444	Mailing Address 782 SW 17TH AVENUE DELRAY BEACH FL 33444
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **43-1996371** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKISIC, MICHAEL
4262 NORTH MAGNOLIA CIRCLE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

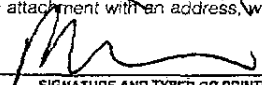
9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKISIC, MICHAEL S 4262 NORTH MAGNOLIA CIRCLE DELRAY BEACH FL 33445 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTEL, JOSEPH 5567 N LEWIS ROAD WEST PALM BEACH FL 33415 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ Delete

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02/11/06-80087-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  **MICHAEL MCKISIC** 1-24-06 561-272-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #