

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90061 026 \*\*\*150.00

<b>DOCUMENT # P03000050900</b> 1. Entity Name <b>MCDONALD MAINTENANCE, INC.</b>																																																																																																																																			
Principal Place of Business <b>3780 KORI ROAD SUITE 1 JACKSONVILLE, FL 32257 US</b>			Mailing Address <b>5220 BEIGE STREET JACKSONVILLE, FL 32258 US</b>																																																																																																																																
2. Principal Place of Business <b>11501 Columbia Park Drive West</b>		3. Mailing Address <b>11501 Columbia Park Drive West</b>																																																																																																																																	
Suite, Apt. #, etc. <b>Suite 205</b>		Suite, Apt. #, etc. <b>Suite 205</b>																																																																																																																																	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>																																																																																																																																	
Zip <b>32258</b>	Country <b>US</b>	Zip <b>32258</b>	Country <b>US</b>	4. FBI Number <b>01-0783602</b>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent  <b>MCDONALD, PHILLIP M 5220 BEIGE STREET JACKSONVILLE, FL 32258</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>11501 Columbia Park Drive West #205</b> City <b>Jacksonville</b>																																																																																																																															
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>Phillip M. McDonald</i></u> <b>PHILLIP M. MCDONALD Vice President, 3-8-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P REASH, ROLLAND R 5339 CALF ROPE LANE JACKSONVILLE, FL 32257</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td style="padding: 2px; 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Amos G. Wall</i></u> <b>Secretary/Treas. 3-8-06 904.626.1826</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			