## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P03000121629**

1. Entity Name

MCDONALD'S HOME CARE & MAINTENANCE, INC.



US

Principal Place of Business

1709 WAVECREST COURT MARCO ISLAND, FL 34145 US Mailing Address

1709 WAVECREST COURT MARCO ISLAND, FL 34145 FILED May 01, 2008 08:00 AN Secretary of State



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0676478

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JAMES, KARL II C/O JAMES KARL & ASSOCIATES, P.A. 678 BALD EAGLE DRIVE MARCO ISLAND, FL 34145

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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 Signature, typed or printed name of registured agent and life if applicable (NOTE, Registered Agent signature required when (sinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T MCDONALD, JEFFERY D 1709 WAVECREST COURT MARCO ISLAND, FL 34145		1		U00000941217 05/28/08-80096-0	23 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S MCDONALD, KATHLEEN S 1709 WAVECREST COURT MARCO ISLAND, FL 34145					
NAME STREET ADDRESS City-St-Zip				DO	NOT WRITE	awaranan ka n
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						