## 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

## Feb 10, 2006 08:00 AM Secretary of State **DOCUMENT # P03000127780** ALLAN J. MAC PHERSON GUARANTEED A/C, INC. Mailing Address Principal Place of Business 4110 SW ENDICOTT STREET PORT ST. LUCIE, FL 34953 4110 SW ENDICOTT STREET PORT ST. LUCIE, FL 34953 01052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 90-0120728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAC PHERSON, ALLAN J DO NOT WRITE 4110 SW ENDICOTT STREET PORT ST. LUCIE, FL 34953 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its (egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and the 4 applicable. (NOTE: Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS മടവ TITLE MAC PHERSON, ALLAN J NAME STREET ADDRESS 4110 SW ENDICOTT STREET PORT ST. LUCIE, FL 34953 COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 rhy 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.

TOFF NAME STREET ADDRESS CITY-ST-ZIP

GlIANS. MACPHERSON