
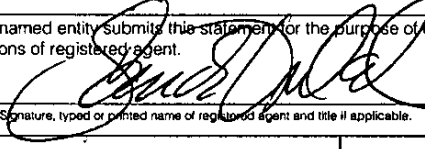
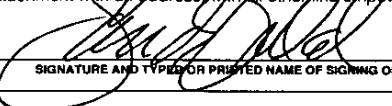


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90140 021 ***550.00

DOCUMENT # P04000050625 1. Entity Name PATRICK J. MCDONALD CORPORATION					
Principal Place of Business 3913 SW 5 PL CAPA CORAL, FL 33914			Mailing Address 3913 SW 5 PL CAPA CORAL, FL 33914		
2. Principal Place of Business 715 N.E. 19TH Place Suite, Apt. #, etc. UNIT 26		3. Mailing Address PO Box 151669 Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 20-0842993	
Zip FL 33909		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, SANDRA L 3913 SW 5 PL CAPA CORAL, FL 33914			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME City CAPE CORAL FL Zip Code SAME		
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  SANDRA L. MCDONALD, V.P. 9/01/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCDONALD, PATRICK J 1333 SW 1 PL CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCDONALD, SANDRA L 3913 SW 5 PL CAPA CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → SAME CAPE, CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McDONALD, Kim 1333 SW 1 Place CAPE CORAL, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SANDRA L. MCDONALD, VP/T 9/01/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50065280



07012005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, SANDRA L
3913 SW 5 PL
CAPA CORAL, FL 33914

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
SAME
City CAPE CORAL FL Zip Code SAME

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  SANDRA L. MCDONALD, V.P. 9/01/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
MCDONALD, PATRICK J
1333 SW 1 PL
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☒ Change ☐ Addition
→ SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
MCDONALD, SANDRA L
3913 SW 5 PL
CAPA CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/T ☒ Change ☐ Addition
→ SAME
CAPE, CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY. ☐ Change ☒ Addition
McDONALD, Kim
1333 SW 1 Place
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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SIGNATURE:  SANDRA L. MCDONALD, VP/T 9/01/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

739-945-4578



ATTACHMENT 50065280
Division of Corporations

2005 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	P04000050625
Business Entity Name	PATRICK J. MCDONALD CORPORATION
Original File Date	03/18/2004

FEI Number

Principal Address 3913 SW 5 PL
CAPA CORAL, FL 33914

Mailing Address 3913 SW 5 PL
CAPA CORAL, FL 33914

Registered Agent SANDRA L MCDONALD
3913 SW 5 PL
CAPA CORAL, FL 33914

Officer/Director Name And Address

D
PATRICK J MCDONALD
1333 SW 1 PL
CAPE CORAL, FL 33991

D
SANDRA L MCDONALD
3913 SW 5 PL
CAPA CORAL, FL 33914

**After May 1 of each year, a late charge of \$400.00 is imposed, except in
circumstances in which the entity did not receive prior notice. Please check
this box if notice was not received.**

Continue