

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062065

Entity Name: CATRIONA MACKECHNIE, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

600 NORTH WESTSHORE BOULEVARD,  
12 TH FLOOR  
TAMPA, FL 336091117

## New Principal Place of Business:

600 NORTH WESTSHORE BOULEVARD,  
SUITE 1200  
TAMPA, FL 336091117

## Current Mailing Address:

600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
SUITE 1200  
TAMPA, FL 336091117

## New Mailing Address:

600 NORTH WESTSHORE BOULEVARD,  
SUITE 1200  
TAMPA, FL 336091117

FEI Number: 84-1647370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACKECHNIE, IAN  
600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
TAMPA, FL 336091117 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MACKECHNIE, IAN  
Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
City-St-Zip: TAMPA, FL 336091117

Title: PD ( ) Delete  
Name: MACKECHNIE, CATRIONA J  
Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
City-St-Zip: TAMPA, FL 336091117

Title: D ( ) Delete  
Name: MACKECHNIE, IAN A  
Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
City-St-Zip: TAMPA, FL 336091117

Title: D ( ) Delete  
Name: MACKECHNIE, JEAN I  
Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
City-St-Zip: TAMPA, FL 336091117

Title: D ( ) Delete  
Name: MACKECHNIE, FRASER J  
Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200  
City-St-Zip: TAMPA, FL 336091117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN MACKECHNIE

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date