## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000062065

Entity Name: CATRIONA MACKECHNIE, INC.

FILED Jan 03, 2012 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

600 NORTH WESTSHORE BOULEVARD, SUITE 1200

TAMPA, FL 336091117

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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

## **OFFICERS AND DIRECTORS:**

Title: [

Name: MACKECHNIE, IAN

Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200

City-St-Zip: TAMPA, FL 336091117

Title: PD

Name: MACKECHNIE, CATRIONA J

Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200

City-St-Zip: TAMPA, FL 336091117

Title: D

Name: MACKECHNIE, IAN A

Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200

City-St-Zip: TAMPA, FL 336091117

Title:

Name: MACKECHNIE, JEAN I

Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200

City-St-Zip: TAMPA, FL 336091117

Title: [

Name: MACKECHNIE, FRASER J

Address: 600 NORTH WESTSHORE BOULEVARD, SUITE 1200

City-St-Zip: TAMPA, FL 336091117

I hereby 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 all other like empowered.

SIGNATURE: IAN MACKECHNIE D 01/03/2012