

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90178 006 ***150.00

DOCUMENT # P04000073421 1. Entity Name MCQUAIG LATHING, INC.																																																																																							
Principal Place of Business 111 WILKINSON ROAD PALATKA, FL 32177		Mailing Address 111 WILKINSON ROAD PALATKA, FL 32177																																																																																					
2. Principal Place of Business 103 Harvey Dr. Suite, Apt. #, etc.		3. Mailing Address 103 Harvey Dr. Suite, Apt. #, etc.																																																																																					
City & State Palatka, FL Zip 32177		City & State Palatka, FL Zip 32177																																																																																					
4. FEJ Number 20-1085016		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02162005 Chg-P CR2E034 (10/03)																																																																																					
6. Name and Address of Current Registered Agent MCQUAIG, WILLIAM L 111 WILKINSON ROAD PALATKA, FL 32177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 103 Harvey Dr. City Palatka FL Zip Code 32177																																																																																					
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 <u><i>William L. McQuaig</i></u> DATE <u>4-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PRES MCQUAIG, WILLIAM L 111 WILKINSON ROAD PALATKA, FL 32177</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 Harvey Dr. Palatka, FL 32177 </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC MCQUAIG, MELISSA R 111 WILKINSON ROAD PALATKA, FL 32177</td> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 Harvey Dr. Palatka, FL 32177 </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lance A. Thomas 103 Harvey Dr. Palatka, FL 32177 </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PRES MCQUAIG, WILLIAM L 111 WILKINSON ROAD PALATKA, FL 32177	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 Harvey Dr. Palatka, FL 32177	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	SEC MCQUAIG, MELISSA R 111 WILKINSON ROAD PALATKA, FL 32177	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 Harvey Dr. Palatka, FL 32177	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lance A. Thomas 103 Harvey Dr. Palatka, FL 32177	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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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: <u><i>William L. McQuaig</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-27-05 386-328-6659</u> <small>Date Daytime Phone #</small>																																																																																					