

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90046 046 ***150.00

DOCUMENT # P04000096789

1. Entity Name

MCLOUGHLIN ENTERPRISES USA, INC.



Principal Place of Business

**243 W. PARK AVENUE
SUITE 201
WINTER PARK FL 32789
US**

Mailing Address

**243 W. PARK AVENUE
SUITE 201
WINTER PARK FL 32789
US**

90047000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

WEST ORANGE FORKLIFTS

Suite, Apt. #, etc.

310 N MAGUIRE RD

City & State

OCOE, FLORIDA

Zip

FL 34761

Country

US

3. Mailing Address

WEST ORANGE FORKLIFTS

Suite, Apt. #, etc.

P O BOX 2901

City & State

WINDERMERE, FLORIDA

Zip

FL 34786

Country

US

4. FEI Number

30-0294473

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLOUGHLIN, VIOLET A
310 N. MAGUIRE RD.
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name **MCLOUGHLIN VIOLET A**

Street Address (P.O. Box Number is Not Acceptable)

310 N MAGUIRE RD

City

OCOE

FL

Zip Code

34761

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/31/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **MCLOUGHLIN, VIOLET A**
STREET ADDRESS **6 HARALD CLOSE**
CITY-ST-ZIP **PERTON, WOLVERHAMPTON UK WV6 7-NJ**

TITLE VPD ☐ Delete
NAME **MCLOUGHLIN, GARY S**
STREET ADDRESS **6 HARALD CLOSE**
CITY-ST-ZIP **PERTON, WOLVERHAMPTON UK WV6 7-NJ**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **MCLOUGHLIN VIOLET A**
STREET ADDRESS **1294S OVERSTREET RD**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE VPD ☒ Change ☐ Addition
NAME **MCLOUGHLIN GARY S**
STREET ADDRESS **1294S OVERSTREET RD**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/05

Date

Daytime Phone #