


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000102673 1. Entity Name MCDONALD HOLDINGS, INC.	
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Principal Place of Business 117 RAINBOW BLVD. BABSON PARK, FL 33827	Mailing Address 117 RAINBOW BLVD. BABSON PARK, FL 33827
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1361018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCDONALD, CATHERINE
420 HILLSIDE DR.
BABSON PARK, FL 33827**

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IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 05/23/07-80094-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCDONALD, MICHAEL J 420 HILLSIDE DR. BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCDONALD, EARLINE S 420 HILLSIDE DR. BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MCDONALD, CATHERINE 420 HILLSIDE DR. BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCDONALD, MARTHA E 236 PIERCE ST. LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MICHAEL J MCDONALD 4-20-07 863-658-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #