

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P04000102673

1. Entity Name
MCDONALD HOLDINGS, INC.



Principal Place of Business
**117 RAINBOW BLVD.
BABSON PARK, FL 33827**

Mailing Address
**117 RAINBOW BLVD.
BABSON PARK, FL 33827**



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1361018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000832430

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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 **Michael J. McDonald** **4/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**863
638-3550**