

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000095612

**Entity Name:** MACKERR ASSOCIATES, INC.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

671 GOSSAMER WING WAY  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

671 GOSSAMER WING WAY  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 04-3822158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KERR, KATHLEEN  
671 GOSSAITER WAY  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

KERR, KATHLEEN  
671 GOSSAMER WAY  
SEBASTIAN, FL 32958 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

02/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KERR, KATHLEEN A  
Address: 671 GOSSAMER WING WAY  
City-St-Zip: SEBASTIAN, FL 32958

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: KATHLEEN KERR

DPST

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date