## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098425

Entity Name: MACLACHLAN GENERATORS, INC.

**FILED** Feb 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6610 OSTEEN ROAD 11206 CHALLENGER AVE.

SUITE 339 **UNIT B** 

NEW PORT RICHEY, FL 34653 ODESSA, FL 33556

**Current Mailing Address: New Mailing Address:** 

6610 OSTEEN ROAD 11206 CHALLENGER AVE.

SUITE 339 **UNIT B** 

NEW PORT RICHEY, FL 34653 ODESSA, FL 33556

FEI Number: 20-3192359 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MACLACHLAN, BRYAN E MACLACHLAN, BRYAN E 6610 OSTEEN ROAD 11206 CHALLENGER AVE. SUITE 339 UNIT B

NEW PORT RICHEY, FL 34653 US ODESSA, FL 33556 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: 02/03/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete MACLACHLAN, DONALD E Name: 6610 OSTEEN ROAD #339 Address: City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VSD () Delete

Name: MACLACHLAN, BRYAN E 6610 OSTEEN ROAD #339 Address:

NEW PORT RICHEY, FL 34653 City-St-Zip:

Title: Title: (X) Delete

MACLACHLAN, RUTH C Name: 6610 OSTEEN ROAD #339 Address: City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition Name: MACLACHLAN, DONALD E 11206 CHALLENGER AVE. UNIT B Address:

City-St-Zip: ODESSA, FL 33556

Title: (X) Change ( ) Addition

Name: MACLACHLAN, BRYAN E

11206 CHALLENGER AVE. UNIT B Address:

ODESSA, FL 33556 City-St-Zip:

() Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRYAN MACLACHLAN **VSD** 02/03/2006