

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030112

Entity Name: MACLEOD BUILDERS, INC.

FILED
Jun 08, 2009
Secretary of State

Current Principal Place of Business:

5847 WHISTLEWOOD CIRCLE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5847 WHISTLEWOOD CIRCLE
SARASOTA, FL 34232

New Mailing Address:

P.O. BOX 15606
SARASOTA, FL 34277

FEI Number: 20-8600189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNESS, W. LEE
1800 SECOND STREET STE 971
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MACLEOD, MICHAEL
Address: 5847 WHISTLEWOOD CIRCLE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MACLEOD, MICHAEL
Address: P.O. BOX 15606
City-St-Zip: SARASOTA, FL 34277

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL D. MACLEOD

P

06/08/2009

Electronic Signature of Signing Officer or Director

_____ Date