

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129324

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MACDONALD MOVING & DELIVERY, INC.

**Current Principal Place of Business:**

2240 WILSON BLVD N  
NAPLES, FL 34120

**New Principal Place of Business:**

5159 31 AVE S W  
NAPLES, FL 34116

**Current Mailing Address:**

2240 WILSON BLVD N  
NAPLES, FL 34120

**New Mailing Address:**

5159 31 AVE S W  
NAPLES, FL 34116

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACDONALD, TIMOTHY P  
2240 WILSON BLVD N  
NAPLES, FL 34120 US

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

MACDONALD, TIMOTHY P  
5159 31 AVE S Q  
NAPLES, FL 34116 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

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MACDONALD, TIMOTHY P  
Address: 5159 31 AVE S W  
City-St-Zip: NAPLES, FL 34116

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: TIMOTHY P MACDONALD

P

04/29/2011

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

\_\_\_\_\_  
Date