


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P08401 1. Entity Name MCDONALD CONSTRUCTION COMPANY, INC. OF GEORGIA	
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Principal Place of Business 402 MAIN ST. N.E. P.O. BOX 568 VIDALIA, GA 30474	Mailing Address 402 MAIN ST. N.E. P.O. BOX 568 VIDALIA, GA 30474
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1495239	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HAZEN, CHARLES S. 146 COMMERCIAL AVE EAST PALATKA, FL 32131
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, LINDY 4262 GA HWY 15 VIDALIA, GA 30474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DURRENCE, GWEN 461 ADAMS HAMMOCK RD. VIDALIA, GA 30474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMSON, EDWARD 4092 OLD NORMATOWN RD. VIDALIA, GA 30474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/05-80010-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Lindy McDonald- Pres.** 3-29-2005 912-537-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #