


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P22889	
1. Entity Name MCDONALD OIL COMPANY	

Principal Place of Business 1700 LUKKEN IND. BLVD. W. LAGRANGE, GA 30240 US	Mailing Address P.O. BOX 1409 LAGRANGE, GA 30241
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1257272	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	

**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 _____ (NOTE: Registered Agent signature required when re-stating) 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, JOHN A. 4835 WEST PT RD LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDONALD, GAIL W. 4835 W PT RD LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV GORDY, SCOTT A. 106 ASHLING DRIVE LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UPCHURCH, A ALEX PO BOX 1823 LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDY, SCOTT A. 106 ASHLING DRIVE LAGRANGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80012-017 158.75

**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)(i), 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: Scott A. Gordy V.P. 1/5/05 706-884-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #