


**2006 FOR PROFIT CORPORATION
- ANNUAL REPORT (AR)**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000005518
1. Entity Name
DO MAC MANUFACTURING CO., INC.



Principal Place of Business Mailing Address
**910 S.W. 15TH AVE.
DELRAY BEACH FL 33444** **910 S.W. 15TH AVE.
DELRAY BEACH FL 33444**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E034 (10/05)
4. FEI Number 11-2199501 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
**MCDONALD ROBERT C
910 SW 15TH AVENUE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May
Trust Fund Contribution. Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, ROBERT C	
STREET ADDRESS	8959 INDIAN RIVER RUN	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, SHAWN	
STREET ADDRESS	1116 HANOVER AVE.	
CITY-ST-ZIP	NORFOLK VA 23508	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER DEBRA	
STREET ADDRESS	20 MANOR LANE	
CITY-ST-ZIP	E. HAMPTON NY 11937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDONALD, BARBARA A	
STREET ADDRESS	8959 INDIAN RIVER RUN	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert C. McDonald* **PRESIDENT**
ROBERT C. MCDONALD **4/3/06** **561-279-9798**