

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90042 048 ***150.00

DOCUMENT # P93000063788

1. Entity Name

MACINTOSH HOLDINGS, INC.



Principal Place of Business

1202 ALLEN ST
ALLENTOWN PA 1802
US

Mailing Address

1202 ALLEN ST
ALLENTOWN PA 18102
US

50016153



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2255 City Line Road
Suite, Apt. #, etc.

3. Mailing Address

2255 City Line Road
Suite, Apt. #, etc.

City & State

Bethlehem, PA

City & State

Bethlehem, PA

4. FEI Number

23-2749391

Applied For
Not Applicable

Zip

18017

Country

USA

Zip

18017

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKINNER, HALCYON E
50 LAURA ST
3300 BARNETT CENTER
JACKSONVILLE FL 32202

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODGERS, JAMES J	
STREET ADDRESS	1202 ALLEN ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	GEHRING, CHARLES F	
STREET ADDRESS	1202 ALLEN ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODGERS, JAMES J JR	
STREET ADDRESS	1202 ALLEN ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODGERS, BRIAN L	
STREET ADDRESS	1202 ALLEN STREET	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODERICH, C ROBERT	
STREET ADDRESS	1202 ALLEN STREET	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, ELIZABETH	
STREET ADDRESS	1202 ALLEN STREET	
CITY-ST-ZIP	ALLENTOWN PA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2255 City Line Road	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2255 City Line Road	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2255 City Line Road	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2255 City Line Road	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2255 City Line Road	
CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2255 City Line Road	
CITY-ST-ZIP	Bethlehem, PA 18017	

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:

C.F. Gehring C.F. Gehring, Secretary & Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

Date

610-867-6773

Daytime Phone #