

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000063788**

1. Entity Name

MACINTOSH HOLDINGS, INC.



Principal Place of Business

2255 CITY LINE ROAD  
BETHLEHEM, PA 18017 US

Mailing Address

2255 CITY LINE ROAD  
BETHLEHEM, PA 18017 US



04022008

No Chg-P

CR2E034 (11/05)

4. FEI Number

23-2749391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODGERS, JAMES J
STREET ADDRESS	2255 CITY LINE ROAD
CITY-ST-ZIP	BETHLEHEM, PA 18017
TITLE	VD
NAME	RODGERS, JAMES J JR
STREET ADDRESS	2255 CITY LINE ROAD
CITY-ST-ZIP	BETHLEHEM, PA 18017
TITLE	VPD
NAME	RODGERS, BRIAN L
STREET ADDRESS	2255 CITY LINE ROAD
CITY-ST-ZIP	BETHLEHEM, PA 18017
TITLE	D
NAME	BRODERICH, C ROBERT
STREET ADDRESS	2255 CITY LINE ROAD
CITY-ST-ZIP	BETHLEHEM, PA 18017
TITLE	D
NAME	RODGERS, ELIZABETH
STREET ADDRESS	2255 CITY LINE ROAD
CITY-ST-ZIP	BETHLEHEM, PA 18017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08

Date

610-867-6773

Daytime Phone #