

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90042 046 \*\*\*158.75

**DOCUMENT # P93000069849**

1. Entity Name  
**MACKENZIE INTERNATIONAL, INC.**



Principal Place of Business  
**8759 LAPALMA LANE  
NAPLES, FL 34108 US**

Mailing Address  
**8759 LAPALMA LANE  
NAPLES, FL 34108 US**

**20021255**



2. Principal Place of Business

**9759 BENTGRASS BEND**

3. Mailing Address

**9759 BENTGRASS BEND**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005

Chg-P

CR2E034 (10/03)

City & State

**NAPLES, FLORIDA**

City & State

**NAPLES, FLORIDA**

4. FEI Number

**65-0448499**

Applied For

Not Applicable

Zip

**34108**

Country

**USA**

Zip

**34108**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WALL, THOMAS J  
9759 LAPALMA LANE  
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

**WALL, THOMAS J.**

Street Address (P.O. Box Number is Not Acceptable)

**9759 BENTGRASS BEND**

City

**NAPLES**

FL

Zip Code

**34108**

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

*Thomas J. Wall*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-11-05**

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 PD ☐ Delete  
NAME WALL, THOMAS J  
STREET ADDRESS 8759 LAPALMA LANE  
CITY-ST-ZIP NAPLES, FL 34108

TITLE S ☐ Delete  
NAME WALL, MARY JANE  
STREET ADDRESS 8759 LAPALMA LANE  
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME WALL, THOMAS J  
STREET ADDRESS 9759 BENTGRASS BEND  
CITY-ST-ZIP NAPLES, FL 34108

TITLE S ☒ Change ☐ Addition  
NAME WALL, MARY JANE  
STREET ADDRESS 9759 BENTGRASS BEND  
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Thomas J. Wall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-05**

Date

**(239)5989716**

Daytime Phone #