

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90481 001 \*\*\*300.00

**DOCUMENT # P94000062722**

1. Entity Name  
MCDONALD DEVELOPMENT ENTERPRISES, INC.



Principal Place of Business  
900 EAGLEBROOKE BLVD  
LAKELAND, FL 33813 US

Mailing Address  
P.O. BOX 2537  
LAKELAND, FL 33806-2537

**66409848**



2. Principal Place of Business  
4915 Southfork Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03102004 Chg-P CR2E034 (10/03)

City & State  
Lakeland, FL  
Zip  
33813  
Country  
U.S.A.

City & State  
Zip  
Country

4. FEI Number  
59-3264080  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JACOBS, DALE G  
4921 SOUTHFORK DRIVE  
LAKELAND, FL 33813-2078

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDONALD, PAUL	
STREET ADDRESS	5610 S FLORIDA AVE	
CITY - ST - ZIP	LAKELAND, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWARTZWELDER, TERRY R	
STREET ADDRESS	900 EAGLEBROOKE BLVD	
CITY - ST - ZIP	LAKELAND, FL	
TITLE	STVP	<input type="checkbox"/> Delete
NAME	JACOBS, DALE G.	
STREET ADDRESS	4921 SOUTHFORK DRIVE	
CITY - ST - ZIP	LAKELAND, FL 338132078	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4915 Southfork Dr	
STREET ADDRESS	Lakeland, FL 33813	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date Daytime Phone #