## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## **FILED** Mar 02, 2007 08:00 A **DOCUMENT # P95000035563 Secretary of State** MACDONALD PROPERTY, INC. Principal Place of Business Mailing Address 1201 S DRUID LANE 1201 S DRUID LN US TAMPA, FL 33629 TAMPA, FL 33629 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3336882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KASS, MICHAEL DO NOT WRITE 4815 S SUNSET BLVD. **TAMPA, FL 33629** 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000654033 Trust Fund Contribution. Added to Fees 03/13/07-80047-020 150.00 10. OFFICERS AND DIRECTORS MLE MOORE, DAVID NAME STREET ADDRESS 1201 S DRUID LN CITY-ST-ZIP TAMPA, FL. 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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