


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90047 038 \*\*\*158.75

<b>DOCUMENT # P95000050734</b>	
--------------------------------	---

1. Entity Name  
AK-U-BUILD INC.

Principal Place of Business  
4159 MAJESTIC OAK LN  
BROOKSVILLE, FL 34602

Mailing Address  
4159 MAJESTIC OAK LN  
BROOKSVILLE, FL 34602

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3321854	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

MCDONALD, KATHLEEN A  
4159 MAJESTIC OAK LN  
BROOKSVILLE, FL 34602

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, CHARLES C. 4159 MAJESTIC OAK LN BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, KATHLEEN A. 4159 MAJESTIC OAK LN BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, CHARLES M. 820 PARADISE BLVD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, MARK 1871 8TH AVE, SW LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, TREVER D 4159 MAJESTIC OAK LN. BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, BRITTNEY N 4159 MAJESTIC OAK LN BROOKSVILLE, FL 34602

**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:

*Charles M. McDonald* CHARLES M. MCDONALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Date

Daytime Phone #