


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000017109		
1. Entity Name MCMAR ENTERPRISES, INC.		
Principal Place of Business 1700 NW AVE D BELLE GLADE, FL 33430		Mailing Address P O BOX 2048 BELLE GLADE, FL 33430 US
DO NOT WRITE IN THIS SPACE		
		01312005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0644773		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARKHAM, BASIL D 1017 WEDGWORTH ROAD BELLE GLADE, FL 33430		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, BASIL D 1017 WEDGEWORTH ROAD BELLE GLADE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, JAMES S 1014 NE 3RD ST BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, JAMES A 1700 NW AVE D BELLE GLADE, FL 33430	
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 exemption stated in Section 119.07(3)(f), 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: <u>Basil D. Markham</u>		Basil D. Markham 2-18-05 561-996-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #