


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 046 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 200 NW AVE L		3. Mailing Address Suite, Apt. #, etc.			
City & State BELLE GLADE, FL		City & State			
Zip 33430		Country USA		Zip Country	
4. FEI Number 65-0644773			Applied For <input type="checkbox"/> 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 WEDGORTH ROAD BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 NW AVENUE L City BELLE GLADE FL Zip Code 33430		
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 <u><i>Basil Markham</i></u> BASIL D. MARKHAM <u>2-22-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, BASIL D 1017 WEDGEWORTH ROAD BELLE GLADE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 NW AVENUE L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, JAMES S 1294 BRAMPTON COVE WEST PALM BEACH, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEILL, JAMES A 1700 NW AVE D BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Basil Markham</i></u> BASIL D. MARKHAM <u>2-22-08</u> <u>561 996 2800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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