


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90570 041 ***150.00

DOCUMENT # P97000023797 1. Entity Name MACKENZIE ENTERPRISES OF VOLUSIA COUNTY, INC.			
Principal Place of Business 700 W GRANADA BLVD SUITE 105 ORMOND BEACH, FL 32174 US		Mailing Address 700 W GRANADA BLVD SUITE 105 ORMOND BEACH, FL 32174 US	
2. Principal Place of Business <i>16 Sherrington Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>16 Sherrington Dr</i> Suite, Apt. #, etc.	
City & State <i>Ormond Beach FL</i>		City & State <i>Ormond Beach FL</i>	
Zip <i>32174</i>	Country	Zip <i>32174</i>	Country
4. FEI Number 59-3439716		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 MACKENZIE, JAMES F 700 W GRANADA BLVD SUITE 105 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>16 Sherrington Dr</i> City <i>Ormond Beach</i> FL Zip Code <i>32174</i>	
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 _____ <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, 2004 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKENZIE, JAMES F 700 W GRANADA BLVD, SUITE 105 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James F. MacKenzie 16 Sherrington Dr. Ormond Beach, FL. 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACKENZIE, BARBARA L 700 W GRANADA BLVD, SUITE 105 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3709 Buckskin Trail</i> <i>Jacksonville FL 32277-2275</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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: <i>James F MacKenzie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			