

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000029895

1. Entity Name
MACPHEE ENTERPRISES, INC.



Principal Place of Business
651 SW VIOLET AVE
PORT ST. LUCIE, FL 34983 US

Mailing Address
651 SW VIOLET AVE
PORT ST. LUCIE, FL 34983 US



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0748194
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACPHEE, BEVERLY
651 SW VIOLET AVE
PORT ST. LUCIE, FL 34983

**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 _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000335399
04/27/05-80083-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MACPHEE, BEVERLY
STREET ADDRESS 651 SW VIOLET AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE VP
NAME MACPHEE, KEN
STREET ADDRESS 651 SW VIOLET AVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 23, 05