

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 011 ***150.00

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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



2. Principal Place of Business

570 SW VIOLET AVE

Suite, Apt. #, etc.

3. Mailing Address

570 SW VIOLET AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

65-0748194

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34983

Country

USA

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

7. Name and Address of New Registered Agent

Name

KENNETH MACPHEE

Street Address (P.O. Box Number is Not Acceptable)

570 SW VIOLET AVE

City

PORT ST LUCIE

FL

Zip Code

34983

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH MACPHEE 5/1/06 5613106792

Date

Daytime Phone #