

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90447 001 \*\*\*300.00

**DOCUMENT # P97000058331**

1. Entity Name

**MACKAY HOMES, INC.**



Principal Place of Business

**9828 OGASTA ST  
RIVERVIEW FL 33569  
US**

Mailing Address

**PO BOX 1148  
RIVERVIEW FL 33568  
US**



2. Principal Place of Business

**8224 Rancheria Dr.**

3. Mailing Address

**P.O. Box 1148**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Riverview FL**

**Riverview FL**

4. FEI Number **59-3483076**

Applied For  
Not Applicable

Zip **33569**

Country **US**

Zip **33568**

Country **US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACKAY, BRIAN K  
8224 RANCHERIA RD  
RIVERVIEW FL 33569**

Name

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

City

**FL**

Zip Code

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 ☐ Delete  
NAME **PTD**  
STREET ADDRESS **MACKAY, BRIAN**  
CITY-ST-ZIP **8224 RANCHERIA**  
**RIVERVIEW FL 33569**

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **MACKAY, JAMES**  
CITY-ST-ZIP **6303 WILD ORCHID DRIVE**  
**LITHIA FL 33547**

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  
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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

Date

Daytime Phone #