## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P97000097775**

MACDONALD FAMILY PROPERTIES, INC.



**FILED** Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

THE WINE IN THE SPACE

2098 SEMINOLE BLVD. LARGO, FL 33778

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04252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0800053

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, ALEXANDER 4613 UNIVERSITY DRIVE

CORAL SPRINGS, FL 33067

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| 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)

## FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS me PTD MACDONALD, ALEXANDER NAME STREET ADDRESS 4613 UNIVERSITY DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33067 TITLE MACDONALD, MARGARET NAME STREET ADDRESS 4613 UNIVERSITY DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

UC0000137555 04/02/04-20046-003 **150.00** 

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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:

TITLE NAME STREET ADDRESS CTY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP