
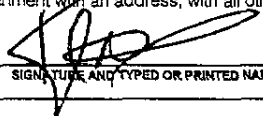


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000038374 1. Entity Name WARD-MCDONALD MEMORIAL CO., INC.		
Principal Place of Business 1474 HWY. 83 NORTH DEFUNIAK SPRINGS, FL 32433	Mailing Address P.O. BOX 661 DEFUNIAK SPRINGS, FL 32435	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCDONALD, INGRAM K 1474 HWY. 83 NORTH DEFUNIAK SPRINGS, FL 32433		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, INGRAM K 5101 CO. HWY 280 E DEFUNIAK SPRINGS, FL 32435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, AUBREY K 1117 CAMPBELL ROAD DEFUNIAK SPRINGS, FL 32435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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 3-1-06 Date Daytime Phone #		



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3528351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/13/00 00018-017 150.00

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