


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

|   |  |         |  |  |  |
|---|--|---------|--|--|--|
| <b>DOCUMENT # P98000042905</b><br>1. Entity Name<br><b>MACLEOD CONSTRUCTION, INC.</b>   |  |         |  |   |  |
| Principal Place of Business<br><b>1729 CARLISE STREET<br/>CLEARWATER<br/>CLEARWATER FL 33755</b>  |  |         | Mailing Address<br><b>1729 CARLISE STREET<br/>CLEARWATER<br/>CLEARWATER FL 33755</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |  |         | City & State   |  |  |
| Zip   |  | Country |  | 4. FEI Number <b>59-3513668</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MACLEOD, JOHN<br/>17289 CARLISE STREET<br/>CLEARWATER FL 33755</b>  |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |         |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |         |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>MACLEOD, JOHN C<br>1729 CARLISE ST<br>CLEARWATER FL 33755           |         |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>JUNG, LINDA K<br>106 GULF BLVD #101<br>INDIAN ROCKS BEACH FL 33785 |         |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Empty]  |         |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Empty]  |         |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Empty]  |         |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Empty]  |         |  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Empty]  |         |  | <input type="checkbox"/> Delete  |  |
| 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. |  |         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br>[Stamp: 11/14/05-80025-011 150.00]  |  |
| <b>SIGNATURE:</b> <i>John C. MacLeod</i> <b>JOHN C. MACLEOD</b>   |  |         |  | 4-12-05 727-560 2789<br><small>Daytime Phone #</small>   |  |