


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90016 015 \*\*\*150.00

<b>DOCUMENT # P98000051130</b> 1. Entity Name <b>SAM MCDONALD ENTERPRISES, INC.</b>			
Principal Place of Business <b>4479 FERN CREEK DRIVE JACKSONVILLE, FL 32277</b>		Mailing Address <b>4479 FERN CREEK DRIVE JACKSONVILLE, FL 32277</b>	
2. Principal Place of Business <b>425 N. Ocean Grande Drive</b> Suite, Apt. #, etc. <b>205</b>		3. Mailing Address <b>425 N. Ocean Grande Drive</b> Suite, Apt. #, etc. <b>205</b>	
City & State <b>Ponte Vedra Beach, FL</b>		City & State <b>Ponte Vedra Beach, FL</b>	
Zip Country <b>32082 -</b>		Zip Country <b>32082 -</b>	
4. FEI Number <b>59-3520576</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCQUAIG, DAVID H 5515-3 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207</b>		7. Name and Address of New Registered Agent Name <b>McQuaig, David H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4745 Sutton Park Court</b> Suite 103 City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32224</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>MCDONALD, SAMUEL</b> STREET ADDRESS <b>4479 FERN CREEK DRIVE</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32277</b>	TITLE <b>D/P/V/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>McDonald, Samuel</b> STREET ADDRESS <b>425 N. Ocean Grande Dr.</b> CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Samuel B. McDonald</u> <b>Samuel McDonald, Pres.</b> <u>3/29/04</u> <u>(904) 827-9174</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			