

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000051130**

1. Entity Name  
**SAM MCDONALD ENTERPRISES, INC.**



Principal Place of Business  
**425 N. OCEAN GRANDE DRIVE #205  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**425 N. OCEAN GRANDE DRIVE #205  
PONTE VEDRA BEACH, FL 32082**



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3520576</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**MCQUAIG, DAVID H  
4745 SUTTON PARK CT. #103  
JACKSONVILLE, FL 32224**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | DPVS                        |
| NAME           | MCDONALD, SAMUEL            |
| STREET ADDRESS | 425 N. OCEAN GRANDE DR #205 |
| CITY- ST- ZIP  | PONTE VEDRA BEACH, FL 32082 |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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03/06/06-80024-018 150.00

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IN THIS SPACE**

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: Samuel P. McDonald Samuel P. McDonald (904) 827-9176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-20-06** Daytime Phone #