

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000097418

1. Entity Name

MARYBETH MCDONALD, P.A.



Principal Place of Business

333 N ORANGE AVE  
STE 201  
ORLANDO, FL 32801 US

Mailing Address

7906 BRIDGESTONE DR  
ORLANDO, FL 32835



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3543447

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCDONALD, MARYBETH  
7906 BRIDGESTONE DR  
ORLANDO, FL 32835

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 D  
NAME MCDONALD, MARYBETH  
STREET ADDRESS 7906 BRIDGESTONE DR  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE  
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CITY-ST-ZIP

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U00000431336  
02/23/06-80022-020 150.00

**DO NOT WRITE  
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 powers like empowered.

SIGNATURE:

*Marybeth McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/06*  
Date

*407.540.0014*  
Daytime Phone #