## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000101800

Entity Name: MCMAHON & TATE, INC.

FILED May 02, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5407 NW 49ST ST

COCONUT CREEK, FL 33073

**Current Mailing Address: New Mailing Address:** 

5407 NW 49ST ST. COCONUT CREEK, FL 33073

FEI Number: 65-0882577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACOBSON, MARK P 15045 MICHELANGELO BLVD APT 106

DELRAY BEACH, FL 33446 US

5407 NW 49ST ST.

JACOBSON, MARK P

COCONUT CREEK, FL 33073 US

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.

SIGNATURE: MARK JACOBSON 05/02/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete

JACOBSON, MARK E Name:

15045 MICHELANGELO BLVD, APT 106 Address:

City-St-Zip: DELRAY BEACH, FL 33446

Title: () Delete Name: JACOBSON, RITA K

15045 MICHELANGELO BLVD, APT 106 Address:

DELRAY BEACH, FL 33446 City-St-Zip:

Title: (X) Change ( ) Addition

JACOBSON, MARK E Name: 5407 NW 49ST ST Address:

City-St-Zip: COCONUT CREEK, FL 33073

Title: (X) Change ( ) Addition

JACOBSON, RITA K Name: Address: 5407 NW 49ST ST.

COCONUT CREEK, FL 33073 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK JACOBSON **PSD** 05/02/2006