

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032148

FILED
Apr 19, 2005
Secretary of State

Entity Name: MC FARLANE INDUSTRIES INC.

Current Principal Place of Business:

1128 MARABELLE AVE.
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1128 MARABELLE AVE.
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0908788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

McFARLANE, KEITH SR.
1128 MARABELLE AVE.
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCFARLANE, KEITH SR.
Address: 1128 MARABELLE AVE.
City-St-Zip: FT. PIERCE, FL 34982

Title: DST () Delete
Name: MCFARLANE, ROBERTA
Address: 1128 MARABELLE AVE.
City-St-Zip: FT. PIERCE, FL 34982

Title: DVP () Delete
Name: BLAKEMAN, SEVEN
Address: 1026 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: MCFARLANE, KEITH JR
Address: 1029 HISPANA AVE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH MCFARLANE, SR.

DP

04/19/2005

Electronic Signature of Signing Officer or Director

Date