

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90092 011 ***150.00

DOCUMENT # P99000044137

1. Entity Name

MACKEY DEVELOPMENT, INC.



Principal Place of Business

**2247 PALM BEACH LAKES BLVD., SUITE 20
WEST PALM BEACH FL 33409**

Mailing Address

**2247 PALM BEACH LAKES BLVD., SUITE 20
WEST PALM BEACH FL 33409**

2. Principal Place of Business

631 US HWY ONE

3. Mailing Address

631 US HWY ONE

Suite, Apt. #, etc.

SUITE 406

Suite, Apt. #, etc.

SUITE 406

City & State

NORTH PALM BEACH FLORIDA

City & State

NORTH PALM BEACH FLORIDA

Zip

33408

Country

USA

Zip

33408

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0920035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACKEY, WALTER J JR
2247 PALM BEACH LAKES BLVD.
SUITE 204
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

631 US HWY ONE

SUITE 406

City

NORTH PALM BEACH

FL

Zip Code

33408

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACKEY JR, WALTER J	
STREET ADDRESS	772 LAGOON DR	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDWARD S	
STREET ADDRESS	6080 TERRA ROSA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

WALTER J. MACKRY, JR., PRESIDENT 4/05/05 (561)848-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #