


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # S16361	
1. Entity Name MCDONALD & ASSOCIATES MARINE HAULERS, INC.	

Principal Place of Business RR 1 BOX 1137 MELROSE, FL 32666	Mailing Address P.O. BOX 1831 MELROSE, FL 32666-1831
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3038025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

Y
RR1, BOX 1137
MELROSE, FL 32666

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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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCDONALD, BEVERLY M RR 1, BOX 1137 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRY, JOHN M RR 1, BOX 1137 MELROSE, FL 32666
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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: Beverly A. McDonald March 11, 2007 (800) 783-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #