

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 013 ***150.00

DOCUMENT # V59852

1. Entity Name
MCPETE, INC.



Principal Place of Business
39144 HARBOR HILLS BLVD
LADY LAKE, FL 32159 US

Mailing Address
39144 HARBOR HILLS BLVD
LADY LAKE, FL 32159 US

2. Principal Place of Business
6020 TOPSAIL RD

3. Mailing Address
6020 TOPSAIL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292006

Chg-P

CR2E034 (11/05)

City & State
LADY LAKE, FL

City & State
LADY LAKE FL

4. FEI Number
59-3141942

Applied For
Not Applicable

Zip
32159

Country
U.S.A.

Zip
32159

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, SANDRA
39144 HARBOR HILLS BLVD
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

Name
SAME AS BEFORE

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

6020 TOPSAIL RD

City
SAME AS BEFORE FL Zip Code

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 Sandra McDonald

4/28/06

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCDONALD, PETER
39144 HARBOR HILLS BLVD
LADY LAKE, FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
MCDONALD, SANDRA
39144 HARBOR HILLS BLVD
LADY LAKE, FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Sandra McDonald

4/28/06

352-753-7539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #