


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 308322**  
 1. Entity Name  
 DONALD W. MCINTOSH ASSOCIATES INC



Principal Place of Business      Mailing Address  
 2200 PARK AVE NORTH      2200 PARK AVE NORTH  
 WINTER PARK, FL 32789-2355      WINTER PARK, FL 32789-2355

**DO NOT WRITE IN THIS SPACE**



02032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1151358      Not Applicabl

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

**6. Name and Address of Current Registered Agent**

MCINTOSH, DONALD W., JR.  
 2200 PARK AVENUE NORTH  
 WINTER PARK, FL 32789

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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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	MCINTOSH, PATRICIA
STREET ADDRESS	9135B SW 20TH PL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	PCD
NAME	MCINTOSH, DONALD W JR
STREET ADDRESS	1350 VENETIAN WAY
CITY-ST-ZIP	MAITLAND, FL
TITLE	VD
NAME	TRUE, CHARLES H.
STREET ADDRESS	613 RIDGEWOOD DR.
CITY-ST-ZIP	WINDERMERE, FL
TITLE	VP
NAME	HATCH, JANET B
STREET ADDRESS	1578 PINEHURST DRIVE
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000258745  
 03/10/05-80053-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_      Date: 2/2/05      Daytime Phone #: 407-644-4668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR