


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 308322</b>	
1. Entity Name <b>DONALD W. MCINTOSH ASSOCIATES INC</b>	

Principal Place of Business <b>2200 PARK AVE NORTH WINTER PARK FL 32789-2355</b>	Mailing Address <b>2200 PARK AVE NORTH WINTER PARK FL 32789-2355</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCINTOSH, DONALD W., JR. 2200 PARK AVENUE NORTH WINTER PARK FL 32789</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCINTOSH, PATRICIA			NAME			
STREET ADDRESS	9135B SW 20TH PL			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33324			CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCINTOSH, DONALD W JR			NAME			
STREET ADDRESS	1350 VENETIAN WAY			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUE, CHARLES H.			NAME			
STREET ADDRESS	613 RIDGEWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCH, JANET B			NAME			
STREET ADDRESS	1578 PINEHURST DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32766			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBIN, LINDA D			NAME			
STREET ADDRESS	235 MAIN RD			STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL 32746			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARSON, ROCKY L			NAME			
STREET ADDRESS	602 RANGER BLVD			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792-4526			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 3/17/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407-644-4068