

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000095439

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC6484503274**

**Entity Name:** N D MCDONALD PROFESSIONAL CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

17500 SE 95TH STREET ROAD  
OCKLAWAHA, FL 32179

**Current Mailing Address:**

17500 SE 95TH STREET ROAD  
OCKLAWAHA, FL 32179

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCDONALD, NEILSON D  
17500 SE 95TH STREET ROAD  
OCKLAWAHA, FL 32179 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MCDONALD, NEILSON D  
Address 17500 SE 95TH STREET ROAD  
City-State-Zip: OCKLAWAHA FL 32179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEILSON D MCDONALD

P

04/18/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date