2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 215547

1. Entity Name
MCCORD-PETELLE, INC.

Principal Place of Business	Mailing Address
580 N INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770 US	580 N INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770 US

DO NOT WRITE IN THIS SPACE

04132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0840168
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORD, ELIZABETH A
20240 GULF BLVD
INDIAN SHORES, FL 33785

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	MCCORD, JAMES D
STREET ADDRESS	12100 145TH LANE N.
CITY-ST-ZIP	LARGO, FL
TITLE	SD
NAME	MCCORD, SUSAN A
STREET ADDRESS	311 SUNNY LANE
CITY-ST-ZIP	BELLEAIR, FL 00000,
TITLE	PD
NAME	MCCORD, ELIZABETH A
STREET ADDRESS	20240 GULF BLVD
CITY-ST-ZIP	INDIAN SHORES, FL 00000,
TITLE	VD
NAME	MCCORD, TIMOTHY
STREET ADDRESS	2455 82ND AVENUE, S.W.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/07-80051-023 150.00

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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: Elizabeth A McCord Pres. 4/13/07 727 585-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth A. McCord