2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# 215547

Entity Name: MCCORD-PETELLE, INC.

Current Principal Place of Business:

580 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

580 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: 59-0840168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MCCORD, JAMES D,
Address: 12100 145TH LANE N.
City-St-Zip: LARGO, FL

Title: SD ( ) Delete
Name: MCCORD, SUSAN A,
Address: 311 SUNNY LANE
City-St-Zip: BELLEAIR, FL 00000,

Title: PD ( ) Delete
Name: MCCORD, ELIZABETH A,
Address: 20240 GULF BLVD
City-St-Zip: INDIAN SHORES, FL 00000,

Title: VD ( ) Delete
Name: MCCORD, TIMOTHY,
Address: 2455 82ND AVENUE, S.W.
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH MCCORD PD 04/08/2008

Electronic Signature of Signing Officer or Director Date