

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000099260



1. Entity Name  
 MCCROANCO, INC.

Principal Place of Business  
 12097 PALMETTO WAY  
 DUNNELLON, FL 34432 US

Mailing Address  
 12097 PALMETTO WAY  
 DUNNELLON, FL 34432 US



01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1204539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCCROAN, RICHARD A  
 12097 PALMETTO WAY  
 DUNNELLON, FL 34432

**DO NOT WRITE IN THIS SPACE**

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

**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

000000684452  
 04/06/07-80034-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCROAN, RICHARD A 12097 PALMETTO WAY DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCROAN, PAMELA T 12097 PALMETTO WAY DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCROAN, ERNEST JR. 12097 PALMETTO WAY DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCROAN, ERNEST JR. 12097 PALMETTO WAY DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Richard A. McCroan *Richard A. McCroan* 3/29/07 352-465-2419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #