


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000099260  
 1. Entity Name  
 MCCROANCO, INC.



Principal Place of Business      Mailing Address  
 10394 NW HIGHWAY 320      10394 NW HIGHWAY 320  
 MICANOPY, FL 32667 US      MICANOPY, FL 32667 US

**DO NOT WRITE IN THIS SPACE**



01222008    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-1204539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

0000004931295  
 05/22/08-80009-007 150.00

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 M. Croan*      **Richard M. Croan**      4/28/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #