2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2005 08:00 AM Secretary of State **DOCUMENT # 207422** 1. Entity Name MCAULEY CONSTRUCTION COMPANY INC Principal Place of Business Mailing Address 1110 SANDPIPER CT. 1110 SANDPIPER CT P.O. BOX 3603 LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-0876724 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCAULEY, JAY R 1110 SANDPIPER CT Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, nite Change Addition HILE Delete NAME MCAULEY, JAY R. NAME STREET ADDRESS 1110 SANDPIPER CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-719 LAKELAND FL Change TIME Addition TITLE Delete U00000288975 MCAULEY, PENNY NAME NAME n4/n6/n5-80006-020 150.00 1110 SANDPIPER CT. STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-S1-21P CITY-ST-ZIP THE Change Addition TITLE Delete MC AULEY, JOHN NAME STREET ADDRESS 4659 S DOSSEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33813 Addition ☐ Delete HILL Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CLTY - ST- ZIP Addition ☐ Change TITLE Delete fril.F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 accurate any supplemental report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

like empowered.

changed, or on an attachment with an addres

SIGNATURE:

FILED