## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 271468**

FILED Mar 11, 2009 Secretary of State

Entity Name: MCCAIN SALES OF FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	NGE AVE RCE, FL 3494	7		
Current Mailing Address:		New Mailing Address:		
	NGE AVE RCE, FL 3494	7		
El Number	: 59-1053866	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
MCCAIN, 3001 ORA				
	RCE, FL 3494	7 US		
FORT PIE	RCE, FL 3494		purpose of changing its registere	ed office or registered agent, or both,
FORT PIE	RCE, FL 3494 named entity se of Florida.		purpose of changing its registere	ed office or registered agent, or both,
The above	RCE, FL 3494 named entity se of Florida.  RE:			ed office or registered agent, or both,  Date
FORT PIE The above In the Stati SIGNATU	RCE, FL 3494 named entity se of Florida.  RE: Electron	submits this statement for the		
FORT PIE The above In the State BIGNATU  Election Ca	RCE, FL 3494 named entity se of Florida.  RE: Electron	submits this statement for the paid of the paid of the paid of Registered Agground Trust Fund Contribution ( ).	ent	
FORT PIE The above In the State BIGNATU Election Ca	RCE, FL 3494 e named entity se of Florida.  RE: Electron mpaign Financing S AND DIREC	submits this statement for the particle Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete R ST	ent	Date
FORT PIE The above In the State SIGNATU Election Car DFFICER Title: Itame: Itam	RCE, FL 3494 e named entity se of Florida.  RE:  Electron mpaign Financing S AND DIREC  VT () MCCAIN, BRET 1813 S. 29TH S FORT PIERCE,	submits this statement for the particle Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete R ST FL 34947  Delete N R DAD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: DIXON R. MCCAIN P 03/11/2009