## 2007 FOR PROFIT CORPORATION

## Jan 11, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #404642** 01-11-2007 90052 040 \*\*\*150.00 1. Entity Name MACGLEN, INC. Principal Place of Business Mailing Address 5985 RIVER CIR P.O. BOX 356 MACCLENNY, FL 32063-0356 US P.O. BOX 356 MACCLENNY, FL 32063-0356 US 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01082007 Chg-P CR2E034 (12/06) City & State City & State Applied For 59-1409741 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAWFORD, CLAUDETTE Street Address (P.O. Box Number is Not Acceptable) 5985 SOUTH RIVER CIRCLE PO BOX 356 AM MACCLENNY FL 32063 City Zip Code 8. The above name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Springer uped or printed name of registered agent and title if applicable (NOTE: Registered Agent agrishing required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11, ☐ Delete $\mathbb{R}^{q} \mathbb{E}$ Zî Change ☐ Addition Rhoden Hugh Bentley 6362 Laurel Court RHODEN, HUGH B NAME NAME STREET ADDRESS 1324 COPPER OAKS COURT STREET ADDRESS Macclenny, Fl 32063 CITY-ST-ZIP MACCLENNY, FL 32063 CITY-ST-7:P ☐ Delete TITLE TITLE ☐ Chance ■ Addition CRAWFORD, CLAUDETTE NAME STREET ADDRESS STREET ADDRESS 5985 SOUTH RIVER CIRCLE CITY-ST-ZIP MACCLENNY, FL 32063 CITY-ST-ZIP TITLE Delete ☐ Addition Chance NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THRE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-JP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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

C:TY-S7-ZP

SIGNATURE: \

CITY-ST-ZIP

**FILED**