

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 404642

Entity Name: MACGLEN, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

5985 RIVER CIR
P.O. BOX 356
MACCLENLY, FL 320630356 US

Current Mailing Address:

P.O. BOX 356
MACCLENLY, FL 320630356 US

New Principal Place of Business:

5985 SOUTH RIVER CIRCLE
MACCLENLY, FL 32063 US

New Mailing Address:

P.O. BOX 356
MACCLENLY, FL 32063 US

FEI Number: 59-1409741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, CLAUDETTE
5985 SOUTH RIVER CIRCLE
PO BOX 356
MACCLENLY, FL 32063 US

Name and Address of New Registered Agent:

CRAWFORD, CLAUDETTE
5985 SOUTH RIVER CIRCLE
MACCLENLY, FL 32063 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RHODEN, HUGH B
Address: 6362 LAUREL CT
City-St-Zip: MACCLENLY, FL 32063

Title: S () Delete
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RHODEN, HUGH B
Address: 10745 HILLSIDE DRIVE
City-St-Zip: MACCLENLY, FL 32063

Title: VP (X) Change () Addition
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

Title: S () Change (X) Addition
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

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: CLAUDETTE CRAWFORD

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date