2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 404642

Entity Name: MACGLEN, INC.

Current Principal Place of Business:

5985 SOUTH RIVER CIRCLE
MACCLENNY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 356
MACCLENNY, FL 32063 US

New Mailing Address:

PO BOX 356
5985 SOUTH RIVER CIRCLE
MACCLENNY, 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
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: RHODEN, HUGH B
Address: 10745 HILLSIDE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: VP
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENNY, FL 32063

Title: S
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENNY, FL 32063

I hereby 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 all other like empowered.

SIGNATURE: CLAUDETTE CRAWFORD VP 01/03/2011

Electronic Signature of Signing Officer or Director Date