


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 444970</b>	
1. Entity Name <b>MCCALL CONSTRUCTION COMPANY, INC.</b>	

Principal Place of Business <b>5645 NE 31ST TERRACE OCALA, FL 34479</b>	Mailing Address <b>P.O. BOX 1766 OCALA, FL 34478-1766 US</b>
--	---



05082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

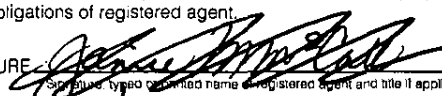
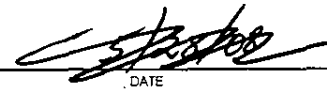
4. FEI Number <b>59-1508952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCCALL, JANICE M  
5645 NE 31ST TERRACE  
OCALA, FL 34479**

**DO NOT WRITE  
IN THIS SPACE**

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 

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

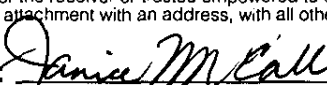
**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	NAME <b>MCCALL, JOHN A</b>
STREET ADDRESS <b>5645 NE 31ST TERRACE</b>	CITY-ST-ZIP <b>OCALA, FL 34479</b>
TITLE <b>ST</b>	NAME <b>MCCALL, JANICE M</b>
STREET ADDRESS <b>5645 NE 31ST TERRACE</b>	CITY-ST-ZIP <b>OCALA, FL 34479</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000952505  
06/04/08-80082-013 150.00

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JANICE M. MCCALL** 5/28/08 (352) 351-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #