DO NOT WRITE IN THIS SPACE

## 2006, FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # 568609** 1. Entity Name MCCALL REALTY & INVESTMENTS, INC.

FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

6408 HIGHWAY 90, SUITE 4 MILTON, FL 32570

.... Mailing Address

6408 HIGHWAY 90, SUITE 4 MILTON, FL 32570



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JONES, DAVID PHILLIP 6408 HIGHWAY 90, SUITE 4 MILTON, FL 32570

## DO NOT WRITE IN THIS SDACE

|  |  |  | IN THIS STACE                                     |                                |   |  |
|--|--|--|---|--------------------------------|---|--|
|  | named entity submits this statement for the pations of registered agent. | urpose of changing its registe                       | red office or r                                   | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE Signature, typed or pointed name of registered agent and little if applicable. (NOTE: Registered |  |  | d Agent signature required when reinstating) DATS |                                |   |  |
| FIL<br>After M   | E NOW!!! FEE 13 \$150.00<br>ay 1, 2006 Fee will be \$550.00              | 9. Election Campaign Fine<br>Trust Fund Contribution |   | \$5.00 May Be<br>Added to Fees |   |  |
| 10.  | OFFICERS AND DIREC   | TORS   |   |                                | · · · · · · · · · · · · · · · · · · ·                       |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  | PT<br>JONES, DAVID PHILLIP<br>6408 HIGHWAY 9D, SUITE 4<br>MILTON, FL.,   |  |   |                                | U00000498382<br>04/22/06-80090-018 150.00                   |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP  |  |  |   | 04/22/06-8009U-018 190.00      |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   | DO                             | NOT WRITE   |  |
| TITLE NAME STREET ADDRESS EXTY-ST-ZIP  |  |  |   | IN T                           | THIS SPACE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | -  |   |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   |                                |   |  |
| 12. I hereby   | certify that the information supplied with this fil                      | ling does not qualify for the ex                     | emptions co                                       | ntained in Chapter 119         | 3. 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 path, 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.

CICNATURE.

asnos a

hil Jones

4-4-06

850-623-0332