

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 596231

1. Entity Name
PAUL MCARTHUR BUILDER, INC.



Principal Place of Business
**3501 W. UNIVERSITY AVE.
SUITE D-1
GAINESVILLE, FL 32607 US**

Mailing Address
**3501 W. UNIVERSITY AVE.
SUITE D-1
GAINESVILLE, FL 32607 US**



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1870564

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCARTHUR, PAUL W.
3501 W. UNIVERSITY AVE.
SUITE D-1
GAINESVILLE, FL 32607**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000825470
02/21/08-80011-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCARTHUR, PAUL W. 3501 W. UNIVERSITY AVE., SUITE D-1 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-08