

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 652523
 1. Entity Name
MC GREGOR HOMES, INC.



Principal Place of Business 1515 POINCIANA AVENUE FT. MYERS, FL 33901 US	Mailing Address 1515 POINCIANA AVENUE FT. MYERS, FL 33901 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2022194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERT KROUPA
 1515 POINCIANA AVENUE
 FT. MYERS, FL 33901**

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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)
 Signature, typed or printed name of registered agent and file # applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000611733
 02/02/07-80075-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME KROUPA, ROBERT L	STREET ADDRESS 1515 POINCIANA AVENUE	CITY-ST-ZIP FORT MYERS, FL 33901
TITLE V	NAME LEES, PATRICK A	STREET ADDRESS 1515 POINCIANA AVE.	CITY-ST-ZIP FORT MYERS, FL 33901
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

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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: *Patrick A. Lees* **PATRICK A. LEES** 1/23/07 *239)574-0000 Office*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *239)462-2681 Cell*