## **FILED** Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90173 021 \*\*\*158.75

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL KLI OK I										
DOCUMENT # F0600002998  1. Entity Name MCFARREN GROUP, INC.					6	0032906				
Principal Plac	e of Business	Mailing Address			•	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,			
13871 TONBRIDGE COURT 6010 WATERMARK DRIVE			<b>=</b>							
	BONITA SPRINGS, FL 34135 US CUMMING, GA 30040 US									
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Principal Place of Business - No P.O. Box # 3. Mailing Address										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						EBAND DUNN EBANT BENKH BE		HOLD 19110 (010) 12	ILEBY II IEUI	
Suite, Apt. #, etc. Suite, Apt. #, etc.					04282008	C hg-P	CR2E	034 (12/06)		
Çity & Stat	le Di	City & State			4. FEI Numbe			Ar	plied For	
Nah	162 LIONIGS	<u> </u>			25-175	9846			t Applicable	
Zip VI	20 Country liper	Zip	Country		5. Certificate	of Status Desired	対	\$8.75 Add		
27/	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and	Address of New i	Registered		<del></del>	
				Name						
WILSON, GARY K				Street Address (P.O. Box Number is Not Acceptable)						
5801 PELICAN BAY BLVD.   SUITE 300				Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, FL 34108-2709										
			City				Fi	Zip Cod	е	
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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.							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										
9. Election Campaign Financing \$5.00 May Be										
FIL After M	.E NOW!!!  FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0				OO May Be ed to Fees					
			Laa		ADDITIONS	COLUNIOS TO OFF	FIOEBO AN	D DIDEOTOD	<u> </u>	
10.	OFFICERS AND I	Directors Delete	11. πŒ	רק	ADDITIONS	CHANGES TO OFF	FICERS AN	☐ DIRECTOR:	Addition	
NAME	MCFARREN, PHILLIP D	L.J Delete	NAME	PL	T. gilling	· MEFax	ren	(M cusufa	L.) AQUIDON	
STREET ADDRESS	200 N. THIRD STREET #1100		STREET ADORESS	وز	130 Wi	cklow Li	eave_			
CITY-ST-ZIP	HARRISBURG, PA 17101		CITY-ST-ZIP		ables.	Florida		1/20		
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NAME	MCFARREN, JOANNA		NAME	To	<b>エ</b> N.N.E.	MSHAR	een Len	<u>,</u>		
STREET ADDRESS CITY-ST-ZIP	200 N. THIRD STREET #1100 HARRISBURG, PA 17101		STREET ADDRESS CITY-ST-ZIP		12130	WICE IOW		+120		
TITLE	HARRISBURG, FA 17101	D Dales		<i>X</i> .	ayles,	FIOTICA		· · · · · · · · · · · · · · · · · · ·	Addition	
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STREET ADDRESS			STREET ADDRESS							
			CITY-ST-ZIP							

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.

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4.25.08

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