

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000395

Entity Name: MCWHIRTER REALTY CORP.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

4045 ORCHARD ROAD
#400
SMYRNA, GA 30086

New Principal Place of Business:

Current Mailing Address:

4045 ORCHARD ROAD
#400
SMYRNA, GA 30086

New Mailing Address:

FEI Number: 58-1506040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'KANE, MATTHEW R
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: MCWHIRTER, BARRY E
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30086

Title: CEO () Delete
Name: MCWHIRTER, BARRY E
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30086

Title: VCHR () Delete
Name: BENEDICT, CHARLES C
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30086

Title: CEO () Delete
Name: BENEDICT, CHARLES C
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30086

Title: SD () Delete
Name: THOMPSON, LISA
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: MCWHIRTER, BARRY E
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30080

Title: CEO (X) Change () Addition
Name: MCWHIRTER, BARRY E
Address: 4045 ORCHARD ROAD #400
City-St-Zip: SMYRNA, GA 30080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREER M. HUGHES

MGR

01/03/2008

Electronic Signature of Signing Officer or Director

Date