## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F81364

FILED Apr 14, 2007 Secretary of State

Entity Name: MARCAL GROWERS AND CONSTRUCTORS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	METTO DR E, FL 3474439	978 US		
Current N	lailing Addres	ss:	New Mailing Addres	ss:
1850 PALI KISSIMME	METTO DR E, FL 34744	US		
FEI Number	: 59-2781609	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1850 PALI	ON, CALVIN B METTO DRIVE			
KISSIMME	E, FL 3474439	918 US		
The above	•		ourpose of changing its registere	ed office or registered agent, or both,
The above	named entity se of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above in the State	named entity see of Florida.			ed office or registered agent, or both,  Date
The above in the State SIGNATUI	named entity se of Florida.  RE: Electror	submits this statement for the բ		
The above in the State SIGNATUI	named entity se of Florida.  RE: Electror	submits this statement for the particles of Registered Age of Trust Fund Contribution ( ).	ent	
The above in the State SIGNATUI	named entity se of Florida.  RE: Electror mpaign Financing S AND DIREC	submits this statement for the partic Signature of Registered Age of Trust Fund Contribution ( ).  TORS: Delete ARTHA B O DRIVE	ent	Date
The above in the State SIGNATUI  Election Car  OFFICER:  Title:  Name:  Address:	e named entity se of Florida.  RE: Electron mpaign Financing S AND DIREC  VD () ANDERSON, M 1850 PALMETT KISSIMMEE, FI	submits this statement for the partic Signature of Registered Age of Trust Fund Contribution ( ).  TORS:  Delete ARTHA B TO DRIVE L 34744  Delete ALVIN B TO DRIVE	ADDITIONS/CHANG Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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: STACY MCCLAND TSD 04/14/2007