

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81364

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: MARCAL GROWERS AND CONSTRUCTORS, INC.

**Current Principal Place of Business:**

1850 PALMETTO DR  
KISSIMMEE, FL 347443978 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 PALMETTO DR  
KISSIMMEE, FL 347443978 US

**New Mailing Address:**

FEI Number: 59-2781609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, CALVIN B  
1850 PALMETTO DRIVE  
KISSIMMEE, FL 347443918 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: VD ( ) Delete  
Name: ANDERSON, MARTHA B  
Address: 1850 PALMETTO DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: PD ( ) Delete  
Name: ANDERSON, CALVIN B  
Address: 1850 PALMETTO DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: TSD ( ) Delete  
Name: MCCLAND, STACY A  
Address: 136 RACHAEL LIN LANE  
City-St-Zip: SAINT CLOUD, FL 34771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TSD (X) Change ( ) Addition  
Name: MCCLAND, STACY A ESQ.  
Address: 136 RACHAEL LIN LANE  
City-St-Zip: SAINT CLOUD, FL 34771

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: STACY A. MCCLAND

TSD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date