


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90055 014 \*\*\*150.00

<b>DOCUMENT # F94000006259</b> 1. Entity Name <b>MCCALL &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>207 W GORDON ST</b> <b>VALDOSTA, GA 31601 US</b>			Mailing Address <b>P.O. BOX 5146</b> <b>VALDOSTA, GA 31603</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>58-2075269</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARDEE, CARY A II</b> <b>215 S.E. PINCKNEY ST.</b> <b>MADISON, FL 32341</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME <input type="checkbox"/> Delete <b>P</b> <b>MCCALL, RUDOLPH R JR</b> <b>3019 BLANDWOOD RD.</b> <b>VALDOSTA, GA 31602</b>			TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>McCall, William R.</b> <b>1477 Bubbling Creek Rd.</b> <b>Atlanta, GA 30319</b>		
TITLE NAME <input type="checkbox"/> Delete <b>ST</b> <b>MCCALL, LAURIE L</b> <b>3019 BLANDWOOD RD.</b> <b>VALDOSTA, GA 31602</b>			TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b> <b>McCall, John M.</b> <b>2310 Lakeview Dr.</b> <b>Valdosta, GA 31602</b>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>2-14-2006</b> Daytime Phone # <b>(229) 242-2551</b>		