

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90209 039 \*\*\*158.75

**DOCUMENT # F94000006259**

1. Entity Name  
**MCCALL & ASSOCIATES, INC.**



Principal Place of Business

207 W GORDON ST  
VALDOSTA, GA 31601 US

Mailing Address

P.O. BOX 5146  
VALDOSTA, GA 31603

2. Principal Place of Business - No P.O. Box #  
**3308 Country Club Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008

Chg-P

CR2E034 (12/06)

City & State  
**Valdosta, GA**

City & State

4. FEI Number  
**58-2075269**

Applied For

Not Applicable

Zip  
**31605**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDEE, CARY A II**  
**215 S.E. PINCKNEY ST.**  
**MADISON, FL 32341**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MCCALL, RUDOLPH R JR**  
STREET ADDRESS **3019 BLANDWOOD RD.**  
CITY-ST-ZIP **VALDOSTA, GA 31602**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **MCCALL, LAURIE L**  
STREET ADDRESS **3019 BLANDWOOD RD.**  
CITY-ST-ZIP **VALDOSTA, GA 31602**

TITLE **D** ☒ Change ☐ Addition  
NAME **McCall, Laurie L**  
STREET ADDRESS **3019 Blandwood Road**  
CITY-ST-ZIP **Valdosta, GA 31602**

TITLE **V** ☐ Delete  
NAME **MCCALL, WILLIAM R**  
STREET ADDRESS **1477 BUBBLING CREEK RD.**  
CITY-ST-ZIP **ATLANTA, GA 30319**

TITLE **V/T** ☒ Change ☐ Addition  
NAME **McCall, William R**  
STREET ADDRESS **1477 Bubbling Creek Road**  
CITY-ST-ZIP **Atlanta, GA 30319**

TITLE **V** ☐ Delete  
NAME **MCCALL, JOHN M**  
STREET ADDRESS **2310 LAKEVIEW DR**  
CITY-ST-ZIP **VALDOSTA, GA 31602**

TITLE **V/S** ☒ Change ☐ Addition  
NAME **McCall, John M**  
STREET ADDRESS **2208 Dogwood Drive**  
CITY-ST-ZIP **Valdosta, GA 31602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.

**SIGNATURE:**

*Rudolph R. McCall, Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/2008*  
Date

*229-242-2551*  
Daytime Phone #