


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # G46709 1. Entity Name GLENN E. MCCALLISTER AGENCY, INC.	
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Principal Place of Business 2555 N. COURTENAY PKWY UNIT 28 MERRITT ISLAND, FL 32953 US	Mailing Address P.O. BOX 540277 MERRITT ISLAND, FL 32954 US
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2316402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCALLISTER, GLENN E.
2555 N. COURTENAY PKWY
UNIT 28
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000892453 04/23/08-80066-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALLISTER, GLENN E. 1409 GLENEAGLES CIRCLE ROCKRIDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCALLISTER, BERNICE S. 1409 GLENEAGLES CIRCLE ROCKLEDGE, FL 32955,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCALLISTER, GLENN E. JR 4811 HORTON ST. COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Glenn E. McCallister **GLENN E. MCCALLISTER** 4-9-08 321-453-2618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #