

FILED
Feb 14, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G94730

1. Entity Name
MULTICAL DECAL CORPORATION



Principal Place of Business
**530 NE 45TH TERRACE
OCALA, FL 34470-1496 US**

Mailing Address
**P.O BOX 1808
OCALA, FL 34478-1808 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2412724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUME, DAVID G.
530 NE 45TH TERRACE
OCALA, FL 34470**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEB 18 \$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**

**U00000027384
02/21/08-80087-020-150-00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HUME, DAVID G.
530 NE 45TH TERRACE
OCALA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
HUME, MAXINE
530 NE 45TH TERRACE
OCALA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *David G. Hume* DAVID G. HUME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08
Date

352.629-0304
Daytime Phone #