

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H19475**

1. Entity Name  
MCMACHEN CONSTRUCTION, INC.



FILED

04 JUN 10 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2850 A MINE MILL RD.  
P O BOX 456  
EATON PARK, FL 33840-0456

Mailing Address  
2850 A MINE MILL RD.  
P O BOX 456  
EATON PARK, FL 33840-0456

2. Principal Place of Business  
3003 Brooks St  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 456  
Suite, Apt. #, etc.

City & State  
Lakeland, FL

City & State  
Eaton Park, FL

Zip  
33840

Country  
USA

Zip  
33840

Country  
USA

06072004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2467548

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MCMACHEN, LARRY  
550 TIFFANY TERRACE  
LAKELAND, FL 33813

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMACHEN, LARRY		NAME	MCMACHEN, LARRY	
STREET ADDRESS	2604 DERBY SHIRE AVE		STREET ADDRESS	550 TIFFANY TERRACE	
CITY - ST - ZIP	LAKELAND, FL		CITY - ST - ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 6804 (803) 665-2996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #