

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90044 015 \*\*\*150.00

**DOCUMENT # H88356**

1. Entity Name  
MCGINLEY CONSULTING LIMITED, INC.



Principal Place of Business      Mailing Address

5700 SW HWY 484      5700 SW HWY 484  
OCALA, FL 34473      Ocala, FL 34473 US

**DO NOT WRITE IN THIS SPACE**

3.

66008331



03122007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-2638735	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCGINLEY, MARY G.  
5700 SW HWY 484  
OCALA, FL 34473

**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 re-registering)      DATE \_\_\_\_\_

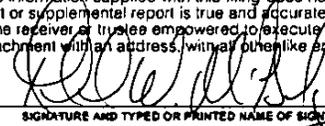
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGINLEY, RICHARD W. 5700 SW HWY 484 OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCGINLEY, MARY 5700 SW HWY 484 OCALA, FL 34473
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**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 any other like empowered.

**SIGNATURE:**       4/4/07      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #