

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2008 08:00 AM  
Secretary of State

DOCUMENT # H88356

1. Entity Name  
MCGINLEY CONSULTING LIMITED, INC.



Principal Place of Business  
5700 SW HWY 484  
OCALA, FL 34473

Mailing Address  
5700 SW HWY 484  
OCALA, FL 34473 US



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2638735

Applied For  
Not Applicable

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

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

U000000789526  
01/22/08-80029-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCGINLEY, RICHARD W.
STREET ADDRESS	5700 SW HWY 484
CITY-ST-ZIP	OCALA, FL 34473
TITLE	S
NAME	MCGINLEY, MARY
STREET ADDRESS	5700 SW HWY 484
CITY-ST-ZIP	OCALA, FL 34473
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08

Date

Daytime Phone #