2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 10, 2005 8:00 am Secretary of State DOCUMENT # J16522 1. Entity Name 05-10-2005 90116 031 ***150.00 MC CULLOUGH & COMPANY, INC. Principal Place of Business Mailing Address 5875 NW 75TH AVENUE OCALA FL 34482 5875 NW 75TH AVENUE **OCALA FL 34482** 2. Principal Place of Business Mailing Address 3232 W. Highland 3232 h Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2672363 Allentown Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 18104 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCULLOUGH, MARGARET 5875 NW 75TH AVENUE OCALA FL 34482 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS TITLE TITLE ☐ Delete **∑** Change Addition mc Cullough, Margaret 3232 W. Highland St. MCCULLOUGH, MARGARET NAME NAME STREET ADDRESS 5875 NW 75TH AVE. STREET ADDRESS **OCALA FL 34482** CITY-ST-ZIP CITY-ST-ZIP Allentown, PA 18104 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7iP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

#-26-05 6/0-530-2273
Date Daytime Phone #