


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J32027					
1. Entity Name MCMAHAN BUILDERS, INC.					
Principal Place of Business % GARRY MCMAHAN 1203 SW LIVE OAK COVE PORT ST. LUCIE FL 34986			Mailing Address % GARRY MCMAHAN 1203 SW LIVE OAK COVE PORT ST. LUCIE FL 34986		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2715812 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCMAHAN, GARRY 1203 SW LIVE OAK COVE PORT ST. LUCIE FL 34986				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 re/issuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	UN0000234047 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAHAN, GARRY		NAME	02/18/05-80004-019 150.00	
STREET ADDRESS	2838 ARCHER CIR		STREET ADDRESS		
CITY-ST-ZIP	SALEM VA		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAHAN, KERWIN		NAME		
STREET ADDRESS	1203 SW LIVE OAK COVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAHAN, MABEL		NAME		
STREET ADDRESS	1203 SW LIVE OAK CV.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986		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		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mabel McMahar, S*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 (772) 891-1272
Date Daytime Phone #