

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # K90067

1. Entity Name
MCCRORY - LAKEWOOD, INC.



Principal Place of Business
**605 E ROBINSON ST
SUITE 620
ORLANDO, FL 32801 US**

Mailing Address
**605 E ROBINSON ST
SUITE 620
ORLANDO, FL 32801 US**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952498

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGUIRE, E. CORRY
605 E ROBINSON ST.
SUITE 620
ORLANDO, FL 32801-2046**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000603593
01/29/07-80020-003 158.75

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCGILL, GEORGE W JR 39030 HARBOR WAY EUSTIS, FL 32736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MAGUIRE, E. CORRY 1420 POINSETTIA AVE ORLANDO, FL 328046342 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCGILL, GEORGE W III 14720 SHADOW WOOD ST. BRIGHTON, CO 80603 |
| 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

Date

Daytime Phone #