
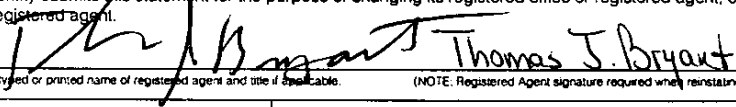


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90406 014 ***150.00

DOCUMENT # L72265 1. Entity Name MCCARTHY ENGINEERING, INC.					
Principal Place of Business 2225 E EDGEWOOD DRIVE LAKELAND, FL 33803 US			Mailing Address 2225 E EDGEWOOD DRIVE LAKELAND, FL 33803 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. Ste. 4			Suite, Apt. #, etc. Ste. 4		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3012682	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLARK, RONALD 500 S FLORIDA AVE STE 800 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Thomas J Bryant, CPA Street Address (P.O. Box Number is Not Acceptable) 4520 S. Florida Ave Suite 2 City Lakeland FL Zip Code 33813	
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 				DATE 4-26-2006	
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, WILLIAM J 2225 E EDGEWOOD DRIVE LAKELAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  WILLIAM J. MCCARTHY 4/27/06 (863)667-1769					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40076018



04242006 Chg-P CR2E034 (11/05)