

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90012 027 ***150.00



DOCUMENT # L72972
 1. Entity Name
 MCCANDLESS HOMES, INC.

Principal Place of Business Mailing Address
 22198 PEACHLAND BLVD P.O. BOX 495875
 PORT CHARLOTTE, FL 33954 US PORT CHARLOTTE, FL 33949 US

2. Principal Place of Business - No. P.O. Box # 3. Mailing Address
 24251 Harborview Rd. Suite, Apt. #, etc.

City & State City & State
 Port Charlotte, FL Port Charlotte, FL

6. Name and Address of Current Registered Agent
 MCCANDLESS, DONALD R JR
 22198 PEACHLAND BLVD
 PORT CHARLOTTE, FL 33949

4. FEI Number Applied For
 65-0186399 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01082008 Chg-P CR2E034 (12/06)

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 reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT MCCANDLESS, DONALD R JR 22198 PEACHLAND PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASH, DAWN M 22198 PEACHLAND AVE PORT CHARLOTTE, FL 33949 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date: 1/27/08 Daytime Phone #: 941-629-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR