


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M78956</b> 1. Entity Name AAGAARD-MCNARY CONSTRUCTION, INC.	
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Principal Place of Business 6239 EDGEWATER DR SUITE V1-3 ORLANDO, FL 32860	Mailing Address PO BOX 608003 ORLANDO, FL 32860
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2888588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCNARY, WILLIAM R. 811 ARLINGTON ALTAMONTE, FL 32701	DO NOT WRITE IN THIS SPACE
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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)  
Signature, typed or printed name of registered agent and title if applicable

04/10/08-8098-006 150.00

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNARY, WILLIAM R. 811 ARLINGTON ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AAGAARD, DAVID E. 6735 NIGHTWIND CIR ORLANDO, FL 32818
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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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:**  **3/26/8 407-331-6885**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #