

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90145 049 ***150.00

DOCUMENT # M79726

1. Entity Name
MCNICOL BUILDING CONTRACTORS, INC.



Principal Place of Business
**2463 WHIPPOORWILL CIRCLE
SARASOTA, FL 34231 US**

Mailing Address
**2463 WHIPPOORWILL CIRCLE
SARASOTA, FL 34231 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0048526

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCNICOL, JOHN P
2463 WHIPPOORWILL CIR.
SARASOTA, FL 34231**

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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCNICOL, JOHN PHILLIP
STREET ADDRESS 2463 WHIPPOORWILL CIRCLE
CITY-ST-ZIP SARASOTA, FL

TITLE SD ☐ Delete
NAME MCNICOL, LOTTIE ANN
STREET ADDRESS 2463 WHIPPOORWILL CIRCLE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE V ☐ Delete
NAME MCNICOL, DANIEL E JR
STREET ADDRESS 1919 MORRILL ST
CITY-ST-ZIP SARASOTA, FL 34238

TITLE T ☐ Delete
NAME MCNICOL, ERIN JACOB
STREET ADDRESS 2463 WHIPPOORWILL CIR
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John McNicol, Pres

4/2/06

(941) 927-1533

Date

Daytime Phone #