

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90156 044 \*\*\*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

10000000



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0048526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCNICOL, JOHN PHILLIP 2463 WHIPPOORWILL CIRCLE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCNICOL, LOTTIE ANN 2463 WHIPPOORILL CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCNICOL, DANIEL E JR 1919 MORRILL ST SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCNICOL, ERIN JACOB 2463 WHIPPOORWILL CIR SARASOTA, FL 34231
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

Pres. John P. McNicol 4/10/2007 (941) 927-1533

Date

Daytime Phone #