

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **NO 500002530**

1. Entity Name
McRares, Inc
TOP



FILED

06 MAY -1 PM 4: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

108 Astor Ave

Suite, Apt. #, etc.

Quincy, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

32352

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E037B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Ronald L McCloud**

Street Address (P.O. Box Number is Not Acceptable)

108 Astor Ave

City **Quincy**

FL

Zip Code **32352**

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

Jaunce M McCloud

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/01/06

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ronald L McCloud 108 Astor Ave Quincy, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jaunce M McCloud 108 Astor Ave Quincy, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Latterica McCloud 108 Astor Ave Quincy, FL 32352
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jaunce M McCloud**

5/01/06