

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006083

FILED
Jan 12, 2005
Secretary of State

Entity Name: MCCARTY SERVICES, INC.

Current Principal Place of Business:

116 VILLAGE DEL LAGO LANE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

116 VILLAGE DEL LAGO LANE
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3315956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTY, DORAN C
1093 A1A BEACH BOULEVARD
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MCCARTY, DORAN C
116 VILLAGE DEL LAGO LANE
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: DORAN CHESTER MCCARTY

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCARTY, DORAN C
Address: 116 VILLAGE DEL LAGO LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SD () Delete
Name: MCCARTY, GLORIA J
Address: 116 DEL LAGO LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VPD () Delete
Name: MCCARTY, LESLIE B
Address: 10 ARONIA LN
City-St-Zip: NOVATO, CA 94945

Title: D () Delete
Name: GOODSON, JAMES
Address: 832 EAGLE POINT DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: MOORE, RON
Address: 5 GARDENVUE RD
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOODSON, JAMES
Address: 214 N. LAKE EMORY DRIVE
City-St-Zip: INMAN, SC 29349

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORAN CHESTER MCCARTY

PD

01/12/2005

Electronic Signature of Signing Officer or Director

Date