

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006083

FILED
Jan 06, 2007
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
116 VILLAGE DEL LAGO LANE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

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: ROWE, RON
Address: 11606 SUMMER HAVEN BLVD N
City-St-Zip: JACKSONVILLE, FL 32258

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ROWE, ITHENIA
Address: 11606 SUMMER HAVEN BLVD N
City-St-Zip: JACKSONVILLE, FL 32258

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

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

Title: SD (X) Change () Addition
Name: MOORE, RON
Address: 5 GARDENVIEW RD
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 C. MCCARTY

PD

01/06/2007

Electronic Signature of Signing Officer or Director

Date