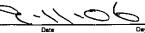
## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 14, 2006 8:00 am Secretary of State DOCUMENT # P00000013163 09-14-2006 90001 012 \*\*\*150 00 1. Entity Name MCCAULEY TAVERN, INC. Principal Place of Business Mailing Address PUUJUJJJ P.O. BOX 36 1281 HWY 20 WEST INTERLACHEN, FL 32148 GRANDIN, FL 32138 No Chg-P CR2E034 (11/05) 09062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3629162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent CLARK, RONALD E DO NOT WRITE 501 ST. JOHNS AVE. PALATKA, FL 32177 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 1S \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 15, 2006 10. OFFICERS AND DIRECTORS PVD TITLE MCCAULEY, DAVID K NAME STREET ADDRESS P.O. BOX 36 C(TY-ST-ZIP GRANDIN, FL 32138 TITLE NAME MCCAULEY, SUSAN P.O. BOX 36 STREET ADDRESS CITY-ST-ZIP GRANDIN, FL 32138 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-7IP



Daytime Phone #

**FILED**