2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025153

NICEVILLE, FL 32579

City-St-Zip:

Entity Name: MCCORQUODALE TRANSFER OF FLORIDA, INC.

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 110 WISE AVE 110 WISE AVE APT 3 SUITE 3 NICEVILLE, FL 32578 NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** PO BOX 5052 PO BOX 724 NICEVILLE, FL 32578 NICEVILLE, FL 32588 FEI Number: 26-1363937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREDERIC, LISA M 110 WISE AVE APT#3 NICEVILLE, FL 32578 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FREDERIC, LISA M Name: Name: 110 WISE AVE., STE 3 Address: Address: City-St-Zip: NICEVILLE, FL 32579 City-St-Zip: Title: Title: () Change () Addition () Delete Name: FREDERIC, MICHAEL SHANE Name: 110 WISE AVE., STE 3 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SHANE FREDERIC VP 08/27/2008