## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000052606

Entity Name: MCNAB & MCNAB "V", INC.

FILED Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5001 20TH ST VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** P.O BOX 459 PALATKA, FL 32178 FEI Number: 59-3654840 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: MCNAB, JAMES M JR 5185 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 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: (X) Change ( ) Addition MCNAB, MARGARET S Name: Name: MCNAB, MARGARET S POST OFFICE BOX 1230 20 RUE GRANDE MER Address: Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: PALM COAST, FL 32137 Title: (X) Change ( ) Addition Title: () Delete Name: MCNAB, JAMES M JR. Name: MCNAB, JAMES M JR. POST OFFICE BOX 1230 5185 SOUTH TROPICAL TRAIL Address: Address: FLAGLER BEACH, FL 32136 MERRITT ISLAND, FL 32952 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition STANTON, MARK P Name: Name: P O BOX 459 Address: Address: City-St-Zip: PALATKA, FL 32178 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition AYREY, CURTIS A HAMMOND, WADE Name: Name: Address: 1386 ENCLAVE DR Address: 4530 CHARDONNAY DRIVE City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: ( ) Delete Title: () Change () Addition STAGLIANO, JOSEPH Name: Name: 1328 ARTHUR CT Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: (X) Delete Title: () Change () Addition HAMMOND, WADE Name: Name: 4530 CHARDONAY DR Address: Address: City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955

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: JAMES M MCNAB JR. P 04/23/2008