

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059933

FILED
Apr 21, 2007
Secretary of State

Entity Name: MCNAB & MCNAB ENTERPRISES T, INC.

Current Principal Place of Business:

2900 CHENEY HIGHWAY
TITUSVILLE, FL 32791 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1230
FLAGLER BEACH, FL 32136

New Mailing Address:

P.O. BOX 459
PALATKA, FL 32178

FEI Number: 59-3654729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAB, JAMES M JR
5185 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNAB, JAMES M JR
Address: 5185 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V () Delete
Name: MCNAB, JAMES M
Address: P.O. BOX 1230
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: HAMMOND, WADE
Address: 507 STEEPLCHASE LANE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: STAGLIANO, JOE
Address: 797 NASSAU ROAD
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: AYREY, CURTIS
Address: 1663 SILVERADO DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST () Delete
Name: STANTON, MARK P
Address: 1305 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HAMMOND, WADE
Address: 4530 CHARDONAY DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: STAGLIANO, JOE
Address: 1328 ARTHUR CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: AYREY, CURTIS
Address: 1386 ENCLAVE DR
City-St-Zip: ROCKLEDGE, FL 32955

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 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: MARK P STANTON

T

04/21/2007

Electronic Signature of Signing Officer or Director

Date