


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90022 029 \*\*\*150.00

<b>DOCUMENT # P00000071308</b> 1. Entity Name <b>MCCAIN LAND MANAGEMENT, INC.</b>					
Principal Place of Business <b>712 W PIERSON DR LYNN HAVEN FL 32444</b>			Mailing Address <b>712 W PIERSON DR LYNN HAVEN FL 32444</b>		
2. Principal Place of Business - No P.O. Box # <b>712 W. Pierson Dr.</b> Suite, Apt. #, etc. <b>Lynn Haven</b> City & State <b>Florida</b> Zip <b>32444</b>			3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>Bay</b>		
4. FEI Number <b>59-3668747</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			1st MOORE CR2E034 (10/06)		
6. Name and Address of Current Registered Agent  <b>MCCAIN, MARVIN 712 W PIERSON DR LYNN HAVEN FL 32444</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D MCCAIN, MARVIN 712 W PIERSON DR LYNN HAVEN FL 32444 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Marvin E. McCain Marvin E. McCain Feb 12, 2007 850-265-5528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #