2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090440

Name:

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

Entity Nar	ne: MCAFEE-	TOWE ENTERF	PRISES, INC.					
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
1004 PARI ORANGE I	KAVENUE PARK, FL 320	73 US						
Current M	ailing Addres	s:		New Mail	ng Addre	ess:		
	KAVENUE PARK, FL 320	73 US						
FEI Number:	59-3673317	FEI Number App	lied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Register	ed Agent:	Name and	Address	of New Registered Agent:		
CONTEGA BUSINESS SERVICES, LLC 554 LOMAX STREET JACKSONVILLE, FL 32204 US				ONE INDE SUITE 120	CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202 US			
The above in the State		ubmits this state	ment for the p	ourpose of changing	its registe	red office or registered agent, or bo	oth,	
SIGNATUR	RE: G. RAY D	RIVER, JR., P				03/04/2009	_	
	Electron	ic Signature of R	egistered Age	ent		Date		
Election Can	npaign Financing	Trust Fund Contri	bution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () MCAFEE, ROBE 1008 PARK AVE ORANGE PARK	NUE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () MCAFEE, ANN 0 1008 PARK AVE ORANGE PARK	NUE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () TOWE, SCOTT 1008 PARK AVE ORANGE PARK			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	()	Delete		Title:	D	() Change (X) Addition		

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

TOWE, DENISÉ

1008 PARK AVENUE

ORANGE PARK, FL 32073 US

SIGNATURE: ROBERT S. MCAFEE DP 03/04/2009