

**2006 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90038 047 \*\*\*150.00

**DOCUMENT # P00000101037**

**1. Entity Name**  
**MACGLEN BUILDERS, INC.**



**Principal Place of Business**  
**PO BOX 356**  
**MACLENNY, FL 32063**

**Mailing Address**  
**PO BOX 356**  
**MACLENNY, FL 32063**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3690721 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CRAWFORD, CLAUDETTE**  
**5985 RIVER CIRCLE**  
**MACLENNY, FL**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**RHODEN, HUGH B**  
**1324 COPPER OAKS COURT**  
**MACLENNY, FL 32063**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VP**  
**CRAWFORD, CLAUDETTE**  
**5985 SOUTH RIVER CIRCLE**  
**MACLENNY, FL 32063**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**S**  
**CRAWFORD, CLAUDETTE**  
**5985 SOUTH RIVER CIRCLE**  
**MACLENNY, FL 32063**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary reports is true and accurate and that no signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent empowered to file 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:**

*Claudette Crawford, Vice Pres.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*15 Apr 2006 904-259-3343*  
**Daytime Phone #**