


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90052 044 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3690721	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRAWFORD, CLAUDETTE 5985 RIVER CIRCLE MACLENNY, FL				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RHODEN, HUGH B STREET ADDRESS 1324 COPPER OAKS COURT CITY-ST-ZIP MACLENNY, FL 32063	<input type="checkbox"/> Delete		TITLE P NAME Rhoden, Hugh Bentley STREET ADDRESS 6362 Laurel Court CITY-ST-ZIP Macclenny, FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CRAWFORD, CLAUDETTE STREET ADDRESS 5985 SOUTH RIVER CIRCLE CITY-ST-ZIP MACLENNY, FL 32063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CRAWFORD, CLAUDETTE STREET ADDRESS 5985 SOUTH RIVER CIRCLE CITY-ST-ZIP MACLENNY, FL 32063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 persons empowered.					
SIGNATURE: <i>Claudette Crawford, Vice President</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>8 Jan 07</i> Daytime Phone #: <i>904-259-3343</i>					

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