2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P00000101037

1. Entity Name
MACGLEN BUILDERS, INC.

Principal Place of Business	Mailing Address
PO BOX 356 MACCLENNY, FL 32063	PO BOX 356 MACCLENNY, FL 32063

01102008 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
MCAALENNY, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000782529
01/15/08-80077-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHODEN, HUGH B
STREET ADDRESS	6362 LAUREL CT
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	VP
NAME	CRAWFORD, CLAUDETTE
STREET ADDRESS	5985 SOUTH RIVER CIRCLE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	S
NAME	CRAWFORD, CLAUDETTE
STREET ADDRESS	5985 SOUTH RIVER CIRCLE
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: Claudette Crawford, VP 10 Jan 08 904-259-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #