

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000101037

Entity Name: MACGLEN BUILDERS, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 356
MACCLENLY, FL 32063

New Principal Place of Business:

5985 SOUTH RIVER CIRCLE
MACCLENLY, FL 32063

Current Mailing Address:

PO BOX 356
MACCLENLY, FL 32063

New Mailing Address:

FEI Number: 59-3690721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, CLAUDETTE
5985 RIVER CIRCLE
MACCLENLY, FL US

Name and Address of New Registered Agent:

CRAWFORD, CLAUDETTE
5985 SOUTH RIVER CIRCLE
MACCLENLY, FL 32063 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RHODEN, HUGH B
Address: 6362 LAUREL CT
City-St-Zip: MACCLENLY, FL 32063

Title: VP () Delete
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

Title: S () Delete
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENLY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RHODEN, HUGH B
Address: 10745 HILLSIDE DRIVE
City-St-Zip: MACCLENLY, FL 32063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE CRAWFORD

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date