2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004553

1. Entity Name
DONALD A. MCCULLY, INC.



FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

SARASOTA, FL 34240

7743 CASTLEISLAND DRIVE

Mailing Address

7743 CASTLEISLAND DRIVE SARASOTA, FL 34240



DO NOT WRITE IN THIS SPACE

01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0593677 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCULLY, SANDRA 200 S ORANGE AVE SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

			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 trile if applicable. (NOTE: Registered Agent signature required when reinstituting) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P&T MCCULLY, DONALD A 7743 CASTLEISLAND DRIVE SARASOTA, FL 34240 S	· · · · · · · · · · · · · · · · · · ·			000000600985 01/26/07-80031-017 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	MCCULLY, SANDRA - 7743 CASTLEISLAND DRIVE SARASOTA, FL 34240				01. 257 01 55551 011 155.65	
THTLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-7IP				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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-07

9 41-371-7846 Devime Phone #