

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000032140**

1. Entity Name  
MCBRIDE CONSTRUCTION, INC.



Principal Place of Business  
2415 N. PACE BLVD  
PENSACOLA, FL 32505

Mailing Address  
2415 N. PACE BLVD  
PENSACOLA, FL 32505



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>01-0656234                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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

MCBRIDE, WILLIAM C  
2415 N. PACE BLVD  
PENSACOLA, FL 32505

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

UN00000879993  
04/15/08-80044-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MCBRIDE, WILLIAM C  
STREET ADDRESS 2415 N. PACE BLVD  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE D  
NAME MCBRIDE, KATHLEEN T  
STREET ADDRESS 2415 N. PACE BLVD  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE VD  
NAME BOYLES, MICHAEL  
STREET ADDRESS 2415 N. PACE BLVD #5  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE VD  
NAME WHARTON, THOMAS  
STREET ADDRESS 2415 N PACE BLVD #5  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*William C. McBride*  
WILLIAM C. MCBRIDE

3/20/08 RD/434-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #