## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000049139

1. Entity Name

MCCULLAGH & SCOTT DEVELOPMENT, INC.



FILED Apr 16, 2008 08:00 All Secretary of State

Principal Place of Business

316 E BLOOMINGDALE AVE BRANDON, FL 33511 Mailing Address

316 E BLOOMINGDALE AVE BRANDON, FL 33511



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0600665

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MANUEL A JR. 316 E BLOOMINGDALE AVE BRANDON, FL 33511

## DO NOT WRITE 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 tale if applicable (NOTE: Registered				nt signature r	required when reinstating)	T	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan  Trust Fund Contribution.				· 🗆	\$5.00 May Be Added to Fees			i
10.	OFFICERS AND DIRE	CTORS		,· ,				
TITLE	PD		.s:	ur Gr	an Maria	e aud to of artificial		annia a di
NAME STREET ADDRESS	SCOTT, L. DAVID		*** ***					
CITY-ST-ZIP	942 SYMPHONY ISLES BLVD APOLLO BCH, FL 33572		•			Uppgood	്. തെരുപ്പെട്ട	
TITLE	VPD					000000 -04/29/08	300442 20020-010	ാത വരം
NAME	MCCULLAGH, JAMES P					U4/23/U0T	00050.010	130.00
STREET ADDRESS	11305 LEPRECHAUN DR			. 1,105, 1		Steat th's resident to	edwer. S	
CITY-ST-ZIP	RIVERVIEW, FL 33569					n english Tanàn manda		
TITLE	D1VP		3.70 8.40					经验证 数据
NAME	SCOTT, AARON		17.5	garay a	Serie restriction for president	enterfier i 1900 en 1900 en 1900. October		
STREET ADDRESS	1317 DEW BLOOM ROAD		Ī.,		DO	NOT WI	RITE	
CITY-ST-ZIP	VALRICO, FL 33594		in			SKBAA BIIIFF	بالاستان والإيلانية	
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STREET ADDRESS	••	• -	* *		يمشن يتصريفها وتركيب	and the same	in the second	

12. Thereby 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 empediates—with profile like empowered.

SIGNATURE:

CHY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CHY-SI-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2008

(813) 621-7777 Ext. 207