MAY-02-05 MON 08:33 AM REEVES ACCOUNTING

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90127 028 ***150.00

DOCUMENT # P02000111287

1. Entity Name
MCCABE ENTERPRISES, INC.

Principal Place of Business
3573 ENTERPRISE AVENUE, #93
NAPLES, FL 34102

Mailing Address
1351 CURLEW AVENUE, #204
NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2071996
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCABE, DIANE
3573 ENTERPRISE AVENUE, #93
NAPLES, FL 34102

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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 $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCABE, JR., EDWARD P
STREET ADDRESS	3573 ENTERPRISE AVENUE, #93
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VP
NAME	MCCABE, DIANE
STREET ADDRESS	3573 ENTERPRISE AVENUE, #93
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	S
NAME	MCCABE, JASON M
STREET ADDRESS	3573 ENTERPRISE AVENUE, #93
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	T
NAME	HIERS, AARON
STREET ADDRESS	3573 ENTERPRISE AVENUE, #93
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diane A. McCabe DIANE A. McCABE V.P 4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #