


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90060 030 \*\*\*150.00

DOCUMENT # P03000025526			
1. Entity Name MCALPIN GROUP, INC.			
Principal Place of Business 25 W. CEDAR ST., SUITE 313 PENSACOLA, FL 32502		Mailing Address P. O. BOX 111 PENSACOLA, FL 32591	
2. Principal Place of Business - No P.O. Box # <i>220 S. PALAFOX PLACE</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>PENSACOLA FL</i>		City & State	
Zip <i>32502</i>		Country	
Country		Country	
6. Name and Address of Current Registered Agent MCALPIN, RICHARD R 25 W. CEDAR ST., SUITE 313 PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name <i>RICHARD R. MCALPIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>220 S. PALAFOX PLACE</i> City <i>PENSACOLA</i> FL Zip Code <i>32502</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MCALPIN, RICHARD R 25 W. CEDAR ST. PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P</b> RICHARD R. MCALPIN 220 S. PALAFOX PLACE PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>R R McAlpin, Pres.</i>		Date: <i>1/25/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	