

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 #
220 S. PALAFOX PLACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01222008 Chg-P CR2E034 (12/06)

City & State
PENSACOLA FL
Zip
32502
Country

City & State
Zip
Country

4. FEI Number
54-2100111
Applied For
Not Applicable

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

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
RICHARD R. MCALPIN
Street Address (P.O. Box Number is Not Acceptable)
220 S. PALAFOX PLACE
City PENSACOLA FL Zip Code 32502

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 resigning). 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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCALPIN, RICHARD R	
STREET ADDRESS	25 W. CEDAR ST.	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD R. MCALPIN	
STREET ADDRESS	220 S. PALAFOX PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #