2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125545

Address:

City-St-Zip:

326B E. PALMETTO

LONGWOOD, FL 32750

Entity Name: MCNABB INCORPORATED

FILED May 02, 2005 Secretary of State

Entity Nar	ne: MCNABE	SINCORPORATED			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
245 ABBO LAKE MAF	TT AVE. RY, FL 32746		1806 CEDAR AVE SANFORD, FL 32771		
Current M	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
245 ABBO LAKE MAF	TT AVE. RY, FL 32746		1806 CEDAR AVE SANFORD, FL 32771		
FEI Number:	16-1687479	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
245 ABBÓ	MICHAEL J TT AVE RY, FL 32746	US	MCNABB, MICHAEL J 1806 CEDAR AVE SANFORD, FL 32771	US	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: MICHAEL MCNABB				05/02/2005	
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MCNABB, MICH 1806 CEDAR A SANFORD, FL	VENUE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PARK, JOSHUA 500 NANTUCKI	Delete A ET CT., APT 103 PRINGS, FL 32714	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VP (X POWERS, THO) Delete MAS P	Title: (Name:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. MCNABB P 05/02/2005