2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000145754

1. Entity Name
MCCALLISTER & PLATT, INC.

Principal Place of Business	Mailing Address
130 BULL POND LANE	130 BULL POND LANE
HAWTHORNE, FL 32640	HAWTHORNE, FL 32640

DO NOT WRITE IN THIS SPACE

07072008 — No Chg-P — CR2E034 (11/05)

4. FEI Number	Applied For
20-0553923	Not Applicable

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

6. Name and Address of Current Registered Agent

RAMSEY, WILLIAM
6045 SE US HWY. 301
HAWTHORNE, FL 32640

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 _McCallister_   7-9-08

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

U00000954091
07/10/08-80010-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCALLISTER, ALLEN
STREET ADDRESS	130 BULL POND LANE
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _McCallister_ 7-9-08 352-222-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #