

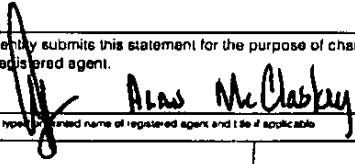
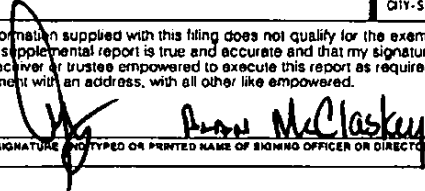
2006 FOR PROFIT CORPORATION REINSTATEMENT

03-22-2006 90235 001 ***150.00
03-22-2006 90235 002 ***150.00

FILED R04000021638

06 MAR 24 PM 3:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P04000021638					
1. Entity Name A.W. MCCLASKEY, INC.					
Principal Place of Business 6150 SE 6TH PLACE OCALA, FL 34472			Mailing Address P O BOX 1869 INVERNESS, FL 34451		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCLASKEY, ALAN W 6150 SE 6TH PLACE OCALA, FL 34472				Name MCCLASKEY ALAN W.	
				Street Address (P.O. Box Number is Not Acceptable) 6150 SE 5th PL	
				City OCALA	
				State FL	
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.				DATE 3.13.06	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				DATE	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLASKEY, ALAN W 6150 SE 6TH PLACE OCALA, FL 34472	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLASKEY, PEGGY M 6150 SE 6TH PLACE OCALA, FL 34472	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	3/3/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 3.13.06 Daytime Phone # 352-427-3769	