## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P05000006040 MCCULLAGH SCOTT & CHADWELL INC. Principal Place of Business Mailing Address 1721 S. KINGS AVE 1721 S. KINGS AVE BRANDON, FL 33511 BRANDON, FL 33511

**FILED** Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90110 012 \*\*\*150.00

Applied For Not Applicable

40010040



## 02062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2106834 \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent CHADWELL CHATWELL, DAVID R

1721 S. KINGS AVE BRANDON, FL 33511

## DO NOT WRITE IN THIS SPACE

| SIGNATURE   | 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<br>After May 1, 2008 Fee will be \$550.00 |   | Election Campaign Financing     Trust Fund Contribution. | \$5.00 May Be Added to Fees          |  |  |
| 10.   | OFFICERS AND DIREC  | TORS   |                                      | I  |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP                                 | D<br>CHADWELL, DAVID R<br>1721 S. KINGS AVE<br>BRANDON, FL 33511        |  |                                      |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>CHADWELL, JAMES M<br>1721 S. KINGS AVE<br>BRANDON, FL 33511        |  |                                      |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>MCCULLAGH, JAMES P<br>316 E. BLOOMINGDALE AVE<br>BRANDON, FL 33511 |  | DO NOT WRITE                         |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>SCOTT, L. DAVID<br>316 E. BLOOMINGDALE AVE<br>BRANDON, FL 33511    |  | IN '                                 | IN THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |                                      |  |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                              |   |  |                                      | ined in Chapter 119, Florida Statutes. I further certify that the informat |  |

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: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR