2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000006839

1. Entity Name
MCGILL, INC.

Principal Place of Business	Mailing Address
11007 SE 66TH TERRACE BELLEVIEW, FL 34420	11007 SE 66TH TERRACE BELLEVIEW, FL 34420

DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
25-1908233	Not Applicable

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

6. Name and Address of Current Registered Agent

MCGILL, CALVIN
11007 SE 66TH TERRACE
BELLEVIEW, FL 34420

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 _____
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MCGILL, CALVIN
STREET ADDRESS	11007 SE 66TH TERRACE
CITY-ST-ZIP	BELLEVIEW, FL 34420

TITLE	VPD
NAME	MCGILL, CALVIN
STREET ADDRESS	11007 SE 66TH TERRACE
CITY-ST-ZIP	BELLEVIEW, FL 34420

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80100-018 150.00

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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: _Calvin McGill_ CALVIN MCGILL 5-1-07 352-347-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #