2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT # P05000036186 1. Entity Name C. E. MCLEOD SERVICES, INC					04-15-2008	3 900 2 7 0	04 ***15	58.75	
Principal Place of Business	Ma	ailing Address	,						
306 HOULE AVE		0 B0X 51825		ľ					
SARASOTA, FL 34232		ARASOTA, FL 34232						•	
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2. Principal Place of Business - No	PO Box # 3.8	Mailing Address							
10831 Whitfield In		7			IINI NIIII NEILI NALLI NALLI NA				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-P	CPSEO	34 (12/06)		
E					⊘ g.,				
City & State		City & State		4. FEI Number				optied For	
Sarasota, FL	· 7	Zip I	Country	20-2468	158			t Applicable	
34243	SA	-ip	Country	Certificate of	Status Desired		\$8.75 Add Fee Required		
6. Name and Add	ress of Current Regist	tered Agent		7. Name and A	ddress of New I			_	
			: Name *	ت رچنان ۱۰۰ پ سب				-	
MCLEOD, CHARLES E JR.			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
6152 279TH STREET E MYAKKA CITY, FL 34251			Oil eet Add	Street Address (P.O. Box Number is Not Acceptable)					
141744440111;12 34231				•					
			City		 -		Zip Code	Δ	
						FL			
The above named entity submits the obligations of registered ager		urpose of changing its	registered office or re	egistered agent, or both,	in the State of Fl	orida. I am i	amiliar with,	and accept	
SIGNATURE									
Signature, typed or printed na	me of registered agent and title if	applicable. {NOTE	:: Registered Agent signature	required when reinstating)		DATE			
FILE NOW!!! FEE IS After May 1, 2008 Fee w	vill be \$550.00	9. Election Campai Trust Fund Contr	ribution.	\$5.00 May Be Added to Fees					
10	\$150.00 vill be \$550.00 OFFICERS AND DIREC	Trust Fund Contr	ribution.		HANGES TO OFF	FICERS AND			
10. P	OFFICERS AND DIREC	Trust Fund Contr	11.		HANGES TO OFF	TICERS AND	DIRECTORS Change	S IN 11	
10. TITLE P. NAME MCLEOD, CHARL	OFFICERS AND DIREC	Trust Fund Contr	11. TITLE NAME		HANGES TO OFF	TICERS AND			
10. P	OFFICERS AND DIREC	Trust Fund Contr	11.		HANGES TO OFF	FICERS AND			
10. TITLE P. NAME MCLEOD, CHARL STREET ADDRESS P.O. BOX 51825	OFFICERS AND DIREC	Trust Fund Contr	11. TITLE NAME STREET ADDRESS		HANGES TO OFF	FICERS AND			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP AFTER T. 2008 Fee w MCLEOD, CHARL P.O. BOX 51825 SARASOTA, FL 3	OFFICERS AND DIREC	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		HANGES TO OFF	FICERS AND	☐ Change	☐ Addition	
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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 AND TYPED OR PRINTED NAME/OF SIGNING

4.10-08

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Dayume Phone #