

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90009 018 ***150.00

DOCUMENT # P05000077856 1. Entity Name MCREA, INC.			
Principal Place of Business 2915 S. E. PARAMOUNT PL. STUART, FL 34997 US		Mailing Address 2915 S. E. PARAMOUNT PL. STUART, FL 34997 US	
2. Principal Place of Business 3019 SW MARTIN DOWNS BLVD. Suite, Apt. #, etc.		3. Mailing Address 3019 SW MARTIN DOWNS BLVD Suite, Apt. #, etc.	
City & State PALM CITY, FL Zip 34990 Country USA		City & State PALM CITY, FL Zip 34990 Country USA	
4. FEI Number 20-3010243		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEAL, MICHAEL J 2915 S. E. PARAMOUNT PL. STUART, FL 34997		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Michael J McNeal</u> DATE: <u>3/27/06</u> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-electing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEAL, MICHAEL J 2915 S. E. PARAMOUNT PL. STUART, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNEAL, CATHERINE J 2915 S. E. PARAMOUNT PL. STUART, FL 34997	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Michael J McNeal</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3-27-06</u> Daytime Phone #	