


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 025 ***150.00

DOCUMENT # P05000116742	
1. Entity Name MCCASKILL & COMPANY OPERATIONS, INC.	

Principal Place of Business 13390 HWY 98 WEST MIRAMAR BEACH, FL 32550	Mailing Address 13390 HWY 98 WEST MIRAMAR BEACH, FL 32550
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40010452



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3392005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL, ELIZABETH S 13390 HWY 98 WEST MIRAMAR BEACH, FL 32550		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CAMPBELL, WILLIAM O III 13390 HWY 98 WEST MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, ELIZABETH S 13390 HWY 98 WEST MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth S Campbell **2/5/07** **850-650-2262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40010452
#P05000116742

Nicholson, Reeder & Reynolds, P.A.

Certified Public Accountants

Larry E. Reeder, CPA
Diana S. Reynolds, CPA

24 Walter Martin Road, N.E., Suite 1
Post Office Box 1179
Fort Walton Beach, Florida 32549 - 1179

Telephone (850) 243-3176
Facsimile (850) 244-6099

INSTRUCTIONS FOR CLIENT

To McCaskill & Co Operations

Date 1/17/2007

Attached you will find the 2007 Annual Uniform Business Report. Please review it, make any changes, sign it, and mail it with a \$150 check payable to the Florida Department of State.

The Annual Business Report should be mailed in the envelope provided **ON OR BEFORE THE DATE INDICATED**. Failure to file on time can result in administrative dissolution.

<u>FORM</u>	<u>DESCRIPTION</u>	<u>CHECK AMOUNT</u>	<u>DATE DUE</u>
X	Florida Department of State - Division of Corporations - Annual Uniform Business Report	150.00	5/1/2007

- ⇒ A payment should be attached to this form.
Make check payable to: FLORIDA DEPARTMENT OF STATE
- ⇒ Make any necessary changes.
- ⇒ Sign, Date, and Mail by Due Date.

Should you have any questions, please do not hesitate to contact us.

Nicholson, Reeder & Reynolds, P.A.

pd 2/2/07
#12841