

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90190 045 ***150.00

DOCUMENT # P06000064333

1. Entity Name
MCAULIFFE SERVICES, INC.



Principal Place of Business
3911 BOBOLINK LANE
ORLANDO, FL 32803

Mailing Address
3911 BOBOLINK LANE
ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. BOX 140671

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, Florida

Zip

Country

Zip
32814

Country
US

04162007

Chg-P

CR2E034 (12/06)

4. FEI Number

75-3214984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCAULIFFE, MICHAEL P
3911 BOBOLINK LANE
ORLANDO, FL 32803

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
MCAULIFFE, MICHAEL P
3911 BOBOLINK LANE
ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MCAULIFFE, MICHAEL P
3911 BOBOLINK LANE
ORLANDO, FL 32803 ☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
MCAULIFFE, Michael P.
P.O. BOX 140671
Orlando, Florida 32814 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MCAULIFFE, Michael P.
P.O. BOX 140671
Orlando, FL 32814 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/16/07

Date

4072990086

Daytime Phone #