

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000064333

1. Entity Name
MCAULIFFE SERVICES, INC.



Principal Place of Business
**3911 BOBOLINK LANE
ORLANDO, FL 32803**

Mailing Address
**PO BOX 140671
ORLANDO, FL 32814**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3214984	Applied For Not Applicable
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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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000943393

05/23/08 89057 022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV MCAULIFFE, MICHAEL P PO BOX 140671 ORLANDO, FL 32814
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCAULIFFE, MICHAEL P PO BOX 140671 ORLANDO, FL 32814
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**DO NOT WRITE
IN THIS SPACE**

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

4/30/08

Daytime Phone #

4072990086