

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000102362

1. Entity Name
MCCABE MANAGEMENT, INC.



Principal Place of Business
4516 HIGHWAY 20 EAST PMB #117
NICEVILLE, FL 32578-9755

Mailing Address
4516 HIGHWAY 20 EAST PMB #117
NICEVILLE, FL 32578-9755

FILED
Aug 29, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1289176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCABE, JAMES E
4334 SUNSET BEACH CIRCLE
NICEVILLE, FL 32578-4820

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	TPD
NAME	MCCABE, JAMES E
STREET ADDRESS	4334 SUNSET BEACH CIRCLE
CITY-ST-ZIP	NICEVILLE, FL 325784820

TITLE	DS
NAME	MCCABE, PH.D., BHRETT A
STREET ADDRESS	1040 GREYSTONE COVE DRIVE
CITY-ST-ZIP	BIRMINGHAM, AL 352427043

TITLE	DVP
NAME	MCCABE, MARY J
STREET ADDRESS	4334 SUNSET BEACH CIRCLE
CITY-ST-ZIP	NICEVILLE, FL 325784820

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/29/08-80002-010 150.00

**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

8/25/2008 830-758-6653
Date Daytime Phone