## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000102362

Entity Name: THE MCCABE INSTITUTE, INC

Apr 28, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4516 HIGHWAY 20 EAST PMB #117 4516 HIGHWAY 20 EAST PMB #117 NICEVILLE, FL 325789755

NICEVILLE, FL 32578

**Current Mailing Address: New Mailing Address:** 

4516 HIGHWAY 20 EAST PMB #117 4516 HIGHWAY 20 EAST PMB #117

NICEVILLE, FL 325789755 NICEVILLE, FL 32578

FEI Number: 72-1257181 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCABE, MARY JO MCCABE, MARY JO 4334 SUNSET BEACH CIRCLE 4334 SUNSET BEACH CIRCLE NICEVILLE, FL 325784820 US NICEVILLE, FL 32578

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.

SIGNATURE: MARY JO MCCABE 04/28/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

MCCABE, JAMES E Name:

4334 SUNSET BEACH CIRCLE Address: City-St-Zip: NICEVILLE, FL 325784820

Title: VΡ

MCCABE, BHRETT A PH.D Name: 1040 GREYSTONE COVE DRIVE Address: BIRMINGHAM, AL 352427043 City-St-Zip:

Title:

MCCABE, MARY J Name:

4334 SUNSET BEACH CIRCLE Address: City-St-Zip: NICEVILLE, FL 325784820

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E MCCABE ST 04/28/2011