

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000130643**

1. Entity Name  
**MC FARLANE GROUP HOME, INC.**



Principal Place of Business  
**6419 WYNGLOW LN  
ORLANDO, FL 32818**

Mailing Address  
**PO BOX 680773  
ORLANDO, FL 32868**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5706892**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MC FARLANE, IONA W  
6419 WYNGLOW LN  
ORLANDO, FL 32818**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-08**

**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

U000000913269  
05/08/08-80009-013 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MC FARLANE, IONA W
STREET ADDRESS	6419 WYNGLOW LN
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	O
NAME	PEART, BEULAH
STREET ADDRESS	6419 WYNGLOW LN
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	O
NAME	PEART, VIOLA
STREET ADDRESS	6419 WYNGLOW LN
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-17-08**