

FILED
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Secretary of State

02-19-2008 90026 018 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000044924			
1. Entity Name MCCAMMON CONSTRUCTION INC			
Principal Place of Business 5730 COBBLECREEK DR 5395 SOUTHLAKE DR PACE, FL 32571		Mailing Address 5730 COBBLECREEK DR 5395 SOUTHLAKE DR PACE, FL 32571	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8832306		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCAMMON, NIKKI M 5730 COBBLECREEK DR 5395 SOUTHLAKE DR PACE, FL 32571		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 is acceptable. (NOTE: Registered Agent's signature is required when reappointing) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MCCAMMON, NIKKI M 5730 COBBLECREEK DR 5395 SOUTHLAKE DR. PACE, FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCAMMON, CHRISTOPHER M 5730 COBBLECREEK DRIVE 5395 SOUTHLAKE DR. PACE, FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANDENBURG, NICK 8220 WOODWARD LANE MILTON, FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTLEBERRY, JEFF 7823 LAS VEGAS LANE PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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		Date: 4/23/08 Devere Phone: (850) 982-5934	

ATTACHMENT 66006654

107000041924

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-8832306 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested MCCAMMON CONSTRUCTION INC.					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no., and street, or P.O. box) 5730 60000 CREEK DR 5395 SOUTHLAKE DE.			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code PACE FL 32571			5b City, state, and ZIP code		
6* County and state where principal business is located County SANTA ROSA State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee NIXXI M MCCAMMON			7b* SSN, ITIN, EIN 589-62-5926		
8a* Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☒ Corporation (enter form number to be filed) ▶ 1120S ☐ Personal Service ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶					
8b* If a corporation, name the state or foreign country (if applicable) where incorporated State FL Foreign country					
9* Reason for applying (check only one) ☒ Started new business (specify type) ▶ CORPORATION ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶					
10* Date business started or acquired (month, day, year) APR 11 2007					
11* Closing month of accounting year DEC					
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ APR 11 2007					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" ▶					
14* Check box that best describes the principal activity of your business ☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Other (specify) ☐ Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. FRAMER					
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes ☐ No ☒ Note: If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name		Designee's telephone number (include area code)	
		Address and ZIP code		Designee's fax number (include area code)	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				Applicant's telephone number (include area code)	
Name and title (type or print clearly)				Applicant's fax number (include area code)	
Signature ▶ Not Required					
Date ▶ April 13, 2007 GMT					