

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013757

Entity Name: MCCABE SERVICES, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2608 102ND AVENUE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 285  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 27-5106584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCABE, WILLIAM  
2608 102ND AVENUE EAST  
PARRISH, FL 34219 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCABE, TONI  
Address: 2608 102ND AVENUE EAST  
City-St-Zip: PARRISH, FL 34219

Title: V  
Name: MCCABE, WILLIAM  
Address: 2608 102ND AVENUE EAST  
City-St-Zip: PARRISH, FL 34219

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: WILLIAM MCCABE

VP

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date