2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P37156

1. Entity Name

MCARDLE DEVELOPMENT, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

POST OFFICE BOX 64 ST. CHARLES, IL 60174 Mailing Address

POST OFFICE BOX 64 ST. CHARLES, IL 60174



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04092008 No Chq-P

> Applied For Not Applicable

5. Certificate of Status Desired

36-3801318

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301

SD

TITLE

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	named entity submits this statement for the plants of registered agent.	surpose of changing its regis	stered office or r	egistered agent, or b	oth, in the State of Florida. Tam familiar with, and	1 ассері
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Regi	stered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contributi	Ŭ	\$5.00 May Be Added to Fees	05/01/08-80045-003 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCARDLE, DAVID A. 4051 E MAIN ST ST. CHARLES, IL. 60174					

DO NOT WRITE IN THIS SPACE

NAME WELTY, RODNEY A STREET ADDRESS 1600 EAST MAIN ST SUITE B CITY-ST-ZIP ST. CHARLES, IL 60174 NAME DEWHIRST, NED E STREET ADDRESS PO BOX 366879 CITY-ST-ZIP BONITA SPRINGS, FL 34136 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete Daysome Phone #