

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000041513

1. Entity Name
DAN MC CULLERS, INC.



Principal Place of Business

**12087 62 ST N
UNIT #5
LARGO, FL 33773**

Mailing Address

**876 BAY POINT DE
MADEIRA BEACH, FL 33708 US**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3183164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM, INC.
465 S VOLUSIA AV, SUITE C
ORANGE CITY, FL 32763**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	MC CULLERS, DANIEL
STREET ADDRESS	876 BAY POINT DRIVE
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	VP
NAME	FARRELL, STEVE
STREET ADDRESS	10930 EARHART DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34668
TITLE	TS
NAME	MCCULLERS, CONNIE
STREET ADDRESS	876 BAY POINT DR.
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	T
NAME	MCCULLERS, TIMOTHY
STREET ADDRESS	4323 37TH ST NORTH
CITY-ST-ZIP	ST PETE, FL 33714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80029-022.158.75

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IN THIS SPACE**

2. 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:

DAN McCULLERS

2-7-08

727.538-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #