2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000091997

1. Entity Name
MC-ANDY CONSTRUCTION, INC.



FILED Aug 22, 2008 08:00 AM Secretary of State

Principal Place of Business

1212 NORTH "B" ST. LAKE WORTH, FL 33460 Mailing Address

1212 NORTH "B" ST. LAKE WORTH, FL 33460



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07092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0552448 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, GARNETT N 1212 NORTH "B" ST. LAKE WORTH, FL 33460

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SIGNATURI	Signature, typed or printed name of registered agent and trile if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

The observe perced entitle submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Lam familiar with and accent

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000958155 08/22/08-80001-001 550.00 Ü

10. OFFICERS AND DIRECTORS TITLE ANDERSON, GARNETT N NAME 1212 NORTH "B" ST. STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE **QTV** MCFARQUHAR, DUDLEY G JR. NAME 4010 RUSTIC TRAIL STREET ADDRESS CITY-ST-ZIP BALCH SPRINGS, TX 75180 TITLE ANDERSON, MAJORIE NAME 1212 NORTH "B" ST. STREET ADDRESS LAKE WORTH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARNEH ANDERSON 08-18-

Daytime Phone #