
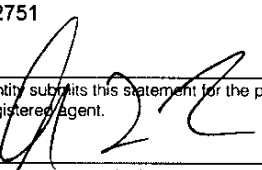
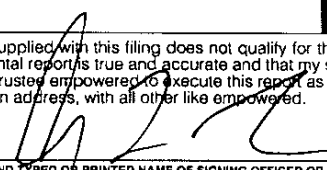


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90126 035 \*\*\*150.00

<b>DOCUMENT # P95000074880</b> 1. Entity Name <b>MCCORKLE CONSTRUCTION COMPANY</b>					
Principal Place of Business <b>901 NORTH LAKE DESTINY DRIVE SUITE 370 MAITLAND, FL 32751</b>			Mailing Address <b>901 NORTH LAKE DESTINY DRIVE SUITE 370 MAITLAND, FL 32751</b>		
2. Principal Place of Business, No P.O. Box # <b>903 Outer Road</b>		3. Mailing Address <b>903 Outer Road</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>59-3336790</b>	
Zip <b>32814</b>		Country <b>US</b>		Applied For Not Applicable	
Zip <b>32814</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCORKLE, ANDREW L 901 NORTH LAKE DESTINY DRIVE SUITE 370 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>McCorkle, Andrew L</b> Street Address (P.O. Box Number is Not Acceptable) <b>903 Outer Road</b> City <b>Orlando</b>	
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.				FL Zip <b>32814</b>	
SIGNATURE 				DATE <b>4/22/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PVT</b> NAME <b>MCCORKLE, ANDREW L</b> STREET ADDRESS <b>901 NORTH LAKE DESTINY DRIVE, SUITE 370</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			TITLE <b>PVT</b> NAME <b>MCCORKLE, ANDREW L</b> STREET ADDRESS <b>903 OUTER ROAD</b> CITY-ST-ZIP <b>ORLANDO, FL 32814</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>MCCORKLE, CLAIR W</b> STREET ADDRESS <b>901 NORTH LAKE DESTINY DRIVE, SUITE 370</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			TITLE <b>S</b> NAME <b>MCCORKLE, CLAIR W</b> STREET ADDRESS <b>903 OUTER ROAD</b> CITY-ST-ZIP <b>ORLANDO, FL 32814</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: 				Date <b>4/22/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>407-373-7800</b>	