

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000090996

1. Entity Name
MCCLURE HOLDINGS, INC.



Principal Place of Business
**502 6TH AVE W
PALMETTO, FL 34221**

Mailing Address
**P.O. BOX 936
PALMETTO, FL 34220**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3348341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DURYEY, DUANE
502 6TH AVE W
PALMETTO, FL 34221**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | MCCLURE, DANIEL P |
| STREET ADDRESS | 4820 RIVERVIEW BLVD W |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | D |
| NAME | MCCLURE, SCOTT L |
| STREET ADDRESS | 1215 51ST ST. W |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | D |
| NAME | MCCLURE, CORRINE A |
| STREET ADDRESS | 4820 RIVERVIEW BLVD W |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | D |
| NAME | MCCLURE, DANIEL C |
| STREET ADDRESS | 502 6TH AVE W |
| CITY-ST-ZIP | PALMETTO, FL 34221 |
| TITLE | D |
| NAME | SPENCER, MARY A |
| STREET ADDRESS | 4820 RIVERVIEW BLVD W |
| CITY-ST-ZIP | BRADENTON, FL 34209 |
| TITLE | D |
| NAME | DURYEY, DUANE |
| STREET ADDRESS | 502 6TH AVE W |
| CITY-ST-ZIP | PALMETTO, FL 34221 |

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05/03/06-80029-023 150.00

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IN THIS SPACE**

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: *James J. Duray* **Duane Duryea Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 *(911) 722-4545*

Date

Daytime Phone #