

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090996

Entity Name: MCCLURE HOLDINGS, INC.

FILED  
Apr 03, 2007  
Secretary of State

## Current Principal Place of Business:

502 6TH AVE W  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 936  
PALMETTO, FL 34220

## New Mailing Address:

FEI Number: 59-3348341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCCLURE, DANIEL P  
Address: 4820 RIVERVIEW BLVD W  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: MCCLURE, SCOTT L  
Address: 1215 51ST ST. W  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: MCCLURE, CORRIANE A  
Address: 4820 RIVERVIEW BLVD W  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: MCCLURE, DANIEL C  
Address: 502 6TH AVE W  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: SPENCER, MARY A  
Address: 4820 RIVERVIEW BLVD W  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: DURYEY, DUANE  
Address: 502 6TH AVE W  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SPENCER, ROBERT N  
Address: 4820 RIVERVIEW BLVD W  
City-St-Zip: BRADENTON, FL 34209

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE DURYEY

TREA

04/03/2007

Electronic Signature of Signing Officer or Director

Date