


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90011 039 ***150.00

DOCUMENT # P97000013811 1. Entity Name MCCARLEY-LETOURNEAU CUSTOM EARTHWORKS DESIGN, INC.			
Principal Place of Business 3949 EVANS AVENUE #205 #403 FORT MYERS, FL 33901		Mailing Address 3949 EVANS AVENUE #205 #403 FORT MYERS, FL 33901	
2. Principal Place of Business - No P.O. Box # 3949 EVANS AVE Suite, Apt. #, etc. # 403		3. Mailing Address 13100 PINTO LN. Suite, Apt. #, etc.	
City & State FT. MYERS, FL		City & State FT. MYERS, FL	
Zip 33901	Country USA	Zip 33912	Country USA
6. Name and Address of Current Registered Agent MCCARLEY, PATRICK M 3949 EVANS AVENUE #205 FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name MCCARLEY, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 3949 EVANS AVE # 403 City FT. MYERS FL Zip Code 33901	
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 <u><i>Patrick McCarley</i></u> DATE <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MCCARLEY, PATRICK M STREET ADDRESS 3949 EVANS AVE #205 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE D NAME MCCARLEY, PATRICK M STREET ADDRESS 3949 EVANS AVE # 403 CITY-ST-ZIP FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME LETOURNEAU, MICHAEL J STREET ADDRESS 3949 EVANS AVENUE #205 CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE P NAME LETOURNEAU, MICHAEL J STREET ADDRESS 3949 EVANS AVE. # 403 CITY-ST-ZIP FT. MYERS, FL 33901	<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
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: <u><i>MJ</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-18-08</u> <u>(239) 671-8164</u> <small>Date Daytime Phone #</small>	