

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087808

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: MCCAULEY BENEFIT GROUP, INC.

**Current Principal Place of Business:**

14281 IROQUOIS AVE.  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

14281 IROQUOIS AVE.  
LARGO, FL 33774

**New Mailing Address:**

FEI Number: 59-3472032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMARTIN, JOHN R.  
14281 IROQUOIS AVENUE  
LARGO, FL 33774 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: PDS ( ) Delete  
Name: MCMARTIN, MADELINE L  
Address: 14281 IROQUOIS AVE.  
City-St-Zip: LARGO, FL 33774

Title: VD ( ) Delete  
Name: MCMARTIN, JOHN R.  
Address: 14281 IROQUOIS AVENUE  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MADELINE L MCMARTIN

PDS

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date