

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000096022

1. Entity Name
MCCARLEY THREE D, INC.



Principal Place of Business
1450 MANGO AVENUE
SARASOTA, FL 34237

Mailing Address
PO BOX 1112
SARASOTA, FL 34230



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0803039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, JOHN J
1605 MAIN STREET
SUITE 1111
SARASOTA, FL 34236

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCARLEY, DEAN
STREET ADDRESS	10911 NW 36TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	MCCARLEY-WARNER, DINAH
STREET ADDRESS	4638 SLOEWOOD COURT
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	STD
NAME	MCCARLEY, DANIEL
STREET ADDRESS	5588 SHIPS CHANNEL CIRCLE
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE:

Daniel E. McCarley

4-20-05

941-955-0296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #