

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 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

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

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

U00000921993  
05/15/08-80029-012 150.00

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

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IN THIS SPACE**

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 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:

Patricia L. McCarley

4/23/08

941-955-0296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #