


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 017 ***150.00

DOCUMENT # P97000100768	
1. Entity Name MCCARTY ENTERPRISES, INC.	

Principal Place of Business 1376 SOUTH VENETIAN WAY MIAMI, FL 33139	Mailing Address 1376 SOUTH VENETIAN WAY MIAMI, FL 33139
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60064000



2. Principal Place of Business - No P.O. Box # 1832 Bella Vista CT	3. Mailing Address 4 B Long Shores Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 309

01102007 Chg-P CR2E034 (12/06)

City & State Arden NC	City & State Arden NC
Zip 28704	Country Burcombe
Country Burcombe	Zip 28704

4. FEI Number 65-0798341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, MICHAEL B ESQ. 1 SE THIRD AVE. STE. 1700 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 John B. McCarty	DATE 3/16/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTY, JOHN B 1376 SOUTH VENETIAN WAY MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 B Long Shores Rd. PMB 309 Arden, NC 28704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTY, PATRICIA I 1376 SOUTH VENETIAN WAY MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 B Long Shores Rd PMB 309 Arden, NC 28704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John B. McCarty	DATE 3/16/07 DAYTIME PHONE # 305-439-9337