2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000106009							
1. Entity Name MCGLONE ENTERPRISES, INC.				FILED			
Principal Place of Duciness Mailing Address				05 JUL 25 AM 10: 38			
rincipal Place of Business Mailing Address 1910 OVERSEAS HIGHWAY 91910 OVERSEAS HIGHWAY		WAY		stukici,	ARY OF STATE SSEE, FLORIDA		
TAVERNIER, FL 33070 TAVERNIER, FL 33070 US				TALLAHA	SSEE, FLORIDA	1	
						11011 11 1 11 1	
2. Principal Place of Business 106 WILSON CT. 106 HILSON CT.							
Suite, Apt. #, etc. Suite, Apt. #, etc.		5010 C1	07202005	Cha D	CR2E034 (10/03)		
TAVERNIER				Chg-P	<u> </u>		
City & State TAVERNIER FC	City & State TAVERNIER FL		4. FEI Numb		 	oplied For ot Applicable	
Zip Country 33070 USA 6. Name and Address of Current R	Zip Country		5. Certificate	of Status Desired	\$8.75 Add		
6. Name and Address of Current R	33070 egistered Agent	MZU	7. Name and	Address of New F	Fee Require	ю.	
		Name					
1 0 10 10 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1				(P.O. Box Number is Not Acceptable)			
TAVERNIER, FL 33070			106 MILSON CT.				
<u> </u>					Zip Cod	le\	
	Ab	· · ·	TAVELNO			3000	
The above named entity submits this statement for the obligations of registered agent.	ine purpose of changing its re	egistered office or re	egistered agent, or bo	oin, in the State of Fi	orida. i am iamiliar with,	and accept	
SIGNATURE A	1 Whame				7/22/20	∞ Γ	
Signature, typed in presed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE		
Amended AR is \$61.25	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10. OFFICERS AND D	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
тите Р	☐ Delete	TITLE	P	MALIEC	Change	Addition	
NAME MCGLONE, DANIEL J STREET ADDRESS 91910 OVERSEAS HIGHWAY	.			McGione, Danino J Donalde Modellon			
CITY-ST-ZIP TAVERNIER, FL 33070		CITY-ST-ZIP	TAVI	ERNIER	FL 33070		
TITLE NAME	Delete	TITLE			Change	☐ Addition	
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CRY-ST-ZIP		CITY-ST-ZIP					
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STREET ADDRESS				03/05010	49002 **6	ī.50	
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CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP	λ	47812	Change	☐ Addition	
NAME	TT DEICE	NAME	\	\mathcal{D}_{b} ,	C sumings	CJ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		,-			
12. I hereby certify that the information supplied with t	his filing does not qualify for t	1	d in Section 119.07(3)	(i), Florida Statutes.	I further certify that the i	nformation	
indicated on this report or supplemental report is to of the corporation or the receiver of trustee empoy	true and accurate and that my wered to execute this report a	y signatur a shall hav	/e the same legal effe	ct as it made under	oath; that I am an officer	r or director	
changed, or on an attachmen with an address, wi	in all other like empowered.			(/ -		
SIGNATURE:	1 mal	by		7/22	1/2005		
SIGNATURE AND THEEL OR PA	IDITEÓ NAME OF SIGNING OFFICER OF	H DRECTOR		Date	Daytine Phone #		