

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90492 014 ***150.00

DOCUMENT # P98000024157 -

1. Entity Name

DONALD MCFARLAND CONSTRUCTION, INC.



Principal Place of Business

**3400 E. ROTOR WING PATH
HERNANDO FL 34442**

Mailing Address

**3400 E. ROTOR WING PATH
HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3497736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCFARLAND, DONALD
7062 S ALOYSIA AVE
FLORAL CITY FL 34436**

Name

Street Address (P.O. Box Number is Not Acceptable)

3400 E. Rotor Wing Path

City

Hernando

FL

Zip Code

34442

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFARLAND, DONALD 3400 E. ROTOR WING PATH HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCFARLAND, DEBRA 3400 E. ROTOR WING PATH HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCFARLAND, NEIL R 3400 E. ROTOR WING PATH HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCFARLAND, KYLE D 3400 E. ROTOR WING PATH HERNANDO FL 34442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Donald McFarland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 352-724-7160