2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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1. Entity Nan	MENT # P980000241 MCFARLAND CONSTRUCT			Appra	42006 08	8:00 A] State	
Principal Place of Business 3400 E. ROTOR WING PATH HERNANDO FL 34442		Mailing Address 3400 E. ROTOR WING I	PATH		4	0-K .	#1111 (##1144) JJ Janu
MERIVANDO	7 FL 34442	HERIVANDO I-E 34442					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E034 (10/05	5)
City & State		City & State			4. FEI Number 59-349773	6	Applied For Not Applicat
Zip	Country	Zıp	Country		5. Certificate of Status Desired	\$8.75	Additional
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New	Registered Agent	
MCFARLAND, DONALD			ļ				
3400 E. ROTÓR WING PATH HERNANDO FL 34442			Street Ac	ddress (P	O. Box Number is Not Acceptab	le) 	2 -
			City			FL Zip	Code
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registered office or	registere	ed agent, or both, in the State of F	lorida. I am familiar	with, and acces
SIGNATURE .	Signature typed or printed name of registered agent	and tire if applicable (NOTE	Registered Agent signature	re required v	when reinstaling)	OATE	^
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of			•	9. Election Camp Trust Fund Co	paign Financing intribution.	\$5.00 May E Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 11
title Name	P MCFARLAND, DONALD	☐ Delete	TITLE NAME			∵ ☐ Cha	inge 🔲 🗛 🗥
STREET ADORESS City-St-Zip	3400 E. ROTOR WING PATH HERNANDO FL 34442		STREET ADDRESS CITY - ST - ZIP				
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NAME Street address City-St-Zip	MCFARLAND, DEBRA 3400 E. ROTOR WING PATH HERNANDO FL 34442		NAME STREET ADDRESS CITY-ST-ZIP		04/29/06-80	12467 1089-018 150).50
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12. I hereby ceruly that the information supplied with this filing does not qualify for the exemptions contained in Section 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 atlachment with an address, with all other like empowered.

SIGNATURE:

Motaland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CURECTOR

4/6/06 726-7160 Daytono Phone #