

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 032 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

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

MCFARLAND, DONALD
3400 E. ROTOR WING PATH
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Donald McFarland

(NOTE: Registered Agent signature required when registering)

3/31/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

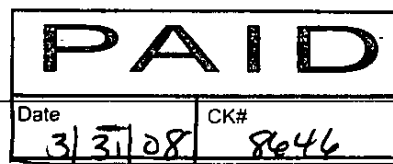
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

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

3/31/08

DATE

352-726-7160

PHONE NUMBER