

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90146 020 \*\*\*150.00

<b>DOCUMENT # P98000053811</b> 1. Entity Name <b>MCCRANELS ENTERPRISES, INC.</b>			
Principal Place of Business <b>1914 HIGHRIDGE ROAD LAKE WORTH FL 33461</b>		Mailing Address <b>1914 HIGHRIDGE ROAD LAKE WORTH FL 33461</b>	
2. Principal Place of Business <i>1914 High Ridge Road</i> Suite, Apt. #, etc. <i>LAKE WORTH</i> City & State <i>LAKE WORTH FLA</i> Zip <i>33461</i> Country <i>FLA</i>		3. Mailing Address <i>1914 High Ridge Road</i> Suite, Apt. #, etc. <i>LAKE WORTH</i> City & State <i>LAKE WORTH FLA</i> Zip <i>33461</i> Country <i>FLA</i>	
4. FEI Number <b>65-0604101</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		2nd MOORE CR2E034 (5/05)	
6. Name and Address of Current Registered Agent  <b>MCCRANELS, PAUL A 1914 HIGHRIDGE RD LAKE WORTH FL 33461</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>SAME</i> City <i>FL</i> 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 <i>[Signature]</i> DATE <i>[Date]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D MCCRANELS, PAUL A 1914 HIGHRIDGE ROAD LAKE WORTH FL 33461</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>8-23-05</i> Daytime Phone # <i>561 5889251</i>	

ATTACHMENT

To whom it MAY CONCERN:  
66027279 9-7-05  
#P98000653811

Last week I mailed you a letter stating that I didn't receive a notice by May 1 2005 and sent it to you with my uniform Business Report, and a check for 150<sup>00</sup>.

Today I called your number and talked to Tyronne Scott who informed me that you must have misplaced my letter and to send another one. Please accept this letter along with my Report. You already have my check for \$150.00. Thank you for your help in this matter.

Paul O McCrae



ATTACHMENT

66027279

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 31, 2005

MCCRANELS ENTERPRISES, INC.  
1914 HIGH RIDGE ROAD  
LAKE WORTH, FL 33461

Subject: MCCRANELS ENTERPRISES, INC.

Reference Number: P98000053811

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AL

ANNUAL REPORTS SECTION