


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000080191**

1. Entity Name  
**JOHN MCCULLERS, INC.**



Principal Place of Business      Mailing Address

**510 OAKRIDGE BLVD**      **510 OAKRIDGE BLVD**  
**DAYTONA BEACH, FL 32118-3973**      **DAYTONA BEACH, FL 32118-3973**

**DO NOT WRITE IN THIS SPACE**



03012006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3534617**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCULLERS, JOHN**  
**510 OAKRIDGE BLVD**  
**DAYTONA BEACH, FL 32118-3973**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MCCULLERS, JOHN 510 OAKRIDGE BLVD. DAYTONA BEACH, FL 321183973
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *John McCullers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/06*      *386-252-118*  
Date      Daytime Phone #

**XI**