

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90200 039 \*\*\*150.00

**DOCUMENT # P98000088637**

1. Entity Name  
**MCGILL PROPERTIES, INC.**



Principal Place of Business  
**14621 TIMBER VILLAGE  
GROVELAND, FL 34736**

Mailing Address  
**PO BOX 308  
GROVELAND, FL 34736**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 961**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Mascotte, FL**

Zip

Country

Zip

Country

**34753**

07062005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3537400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, FLORENCE Y  
7322 MCGILL RD  
GROVELAND, FL 34736**

7. Name and Address of New Registered Agent

Name  
**Helen M. Sellards**

Street Address (P.O. Box Number is Not Acceptable)  
**7128 McGill Road**

City  
**Groveland**

**FL**

Zip Code  
**34736**

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

*Helen M. Sellards*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

*July 6, 2005*

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP  
MCGILL, FLORENCE Y  
7322 MCGILL RD  
GROVELAND, FL 34736** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SELLARDS, HELEN M  
7128 MCGILL RD  
GROVELAND, FL 34736** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVPST** ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Helen M. Sellards*

*July 6, 2005 - 3522678726*

DATE

Daytime Phone #