


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 30, 2007 08:00 A
Secretary of State

DOCUMENT # S06282 1. Entity Name MCINTYRE APARTMENTS, INC.	
---	---

Principal Place of Business 105 S BREVARD AVE ARCADIA, FL 34266 US	Mailing Address PO BOX 789 ARCADIA, FL 34265 US
--	---



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0229538	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent WALDRON, JR9, E E 124 N BREVARD AVE ARCADIA, FL 34266	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

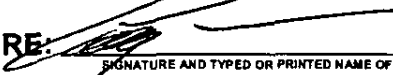
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TURNER, EUGENE H. SR PO BOX 789, 105 S. BREVARD ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST QUAVE, TOMMY L 3394 SE BROWN ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MERCER, CARY M 4644 SE BROWN ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000683167
04/05/07-80033-024 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 (863) 494-4777
Date Daytime Phone #

CARY M. MERCER