


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # S34891 1. Entity Name MCNEW DEVELOPMENT CO., INC.	
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Principal Place of Business 5571 HALIFAX AVE. FT. MYERS, FL 33912	Mailing Address 5571 HALIFAX AVE. FT. MYERS, FL 33912
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0244385	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

NOLAND, JOHN A.
1715 MONROE ST
FT. MYERS, FL 33901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DV HARPER, DANIEL R. 5571 HALIFAX AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MCNEW, QUINTON B. 5571 HALIFAX AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT INGE, RONALD E. 5571 HALIFAX AVE., #613 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROZA, DENIS J. 5571 HALIFAX AVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000792933
01/24/08-80026-023 150.00

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

Date: 1/21/08 Daytime Phone: 239-454-4999