

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.



Principal Place of Business

5571 HALIFAX AVE.
FT. MYERS, FL 33912

Mailing Address

5571 HALIFAX AVE.
FT. MYERS, FL 33912



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 ☐ \$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 _____
Signature, typed or printed name of registered agent and title if applicable

**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	DV
NAME	HARPER, DANIEL R.
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DCP
NAME	MCNEW, QUINTON B.
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DVT
NAME	INGE, RONALD E.
STREET ADDRESS	5571 HALIFAX AVE., #613
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DS
NAME	ROZA, DENIS J.
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000792933
01/24/08-80026-023 150.00

**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

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