

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S59521**

1. Entity Name  
PARC-MCCC, INC.



Principal Place of Business  
169 MARSHSIDE DR  
ST. AUGUSTINE, FL 32084 US

Mailing Address  
4314 PABLO OAKS CT  
JACKSONVILLE, FL 32224 US



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3070242

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KLINEPTER, ANN T  
4314 PABLO OAKS CT  
JACKSONVILLE, FL 32224

**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	DP
NAME	O'STEEN, ROGER M.
STREET ADDRESS	7903 VINEYARD LAKE RD. N
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	BARBOUR, GREGORY J.
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	ST
NAME	OWENS, LAUREN L
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	KLINEPETER, ANNE T
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*AS. Klinepeter* Anne T. Klinepeter

1-12-07

904-992-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #