

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 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



01142008 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 <input type="checkbox"/>	\$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, 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 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

000000798151
01/30/08-80017-007 150.00

**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:

Ann T. Klinepeter

Ann T. Klinepeter

1-16-08

904-992-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #