

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053235

**Entity Name:** ALAN W. MCCLASKEY, INC.

**Current Principal Place of Business:**

6150 SE 5TH PLACE  
OCALA, FL 34472

**FILED**  
**Mar 15, 2023**  
**Secretary of State**  
**3504189463CC**

**Current Mailing Address:**

6150 SE 5TH PL.  
OCALA, FL 34472 US

**FEI Number: 38-3846721**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCLASKEY, KRAIG W  
6150 SE 5TH PLACE  
OCALA, FL 34472 US

*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.*

**SIGNATURE: KRAIG MCCLASKEY**

**03/15/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MCCLASKEY, KRAIG W.  
Address 15380 SE 140TH AVE. RD.  
City-State-Zip: WEIRSDALE FL 32195

Title VP  
Name MCCLASKEY, PEGGY M.  
Address 6150 SE 5TH PL.  
City-State-Zip: Ocala FL 34472

Title SECRETARY  
Name MCCLASKEY, PEGGY M  
Address 6150 SE 5TH PLACE  
City-State-Zip: Ocala FL 34472

Title BOARD OF DIRECTORS  
Name STEVENS, KAITLYN M  
Address 112 NEW YORK ST,  
City-State-Zip: DYESS AFB TX 79607

Title BOARD OF DIRECTORS  
Name MCCLASKEY, PEGGY M  
Address 6150 SE 5TH PL.  
City-State-Zip: Ocala FL 34472

Title BOARD OF DIRECTORS  
Name MCCLASKEY, KRAIG W  
Address 6150 SE 5TH PL.  
City-State-Zip: Ocala FL 34472

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PEGGY M MCCLASKEY**

**VP**

**03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date