


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000006259**  
 1. Entity Name  
**MCCALL & ASSOCIATES, INC.**



Principal Place of Business  
 207 W GORDON ST  
 VALDOSTA, GA 31601 US

Mailing Address  
 P.O. BOX 5146  
 VALDOSTA, GA 31603

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2075269**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARDEE, CARY A II**  
 215 S.E. PINCKNEY ST.  
 MADISON, FL 32341

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000688011  
 04/10/07-80063-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCALL, RUDOLPH R JR
STREET ADDRESS	3019 BLANDWOOD RD.
CITY-ST-ZIP	VALDOSTA, GA 31602
TITLE	ST
NAME	MCCALL, LAURIE L
STREET ADDRESS	3019 BLANDWOOD RD.
CITY-ST-ZIP	VALDOSTA, GA 31602
TITLE	V
NAME	MCCALL, WILLIAM R
STREET ADDRESS	1477 BUBBLING CREEK RD,
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	V
NAME	MCCALL, JOHN M
STREET ADDRESS	2310 LAKEVIEW DR
CITY-ST-ZIP	VALDOSTA, GA 31602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **Rudolph R. McCall, Jr.** **(229) 242-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #