

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000086885

**Entity Name:** JOSEPH MACCONNELL, P.A.

**Current Principal Place of Business:**

6357 BAHIA DEL MAR BLVD #602  
ST. PETERSBURG, FL 33715

**Current Mailing Address:**

6357 BAHIA DEL MAR BLVD.#602  
ST. PETERSBURG, FL 33715 US

**FEI Number:** 26-0653108

**Certificate of Status Desired:** No

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

MACCONNELL, JOSEPH T  
6357 BAHIA DEL MAR BLVD#602  
ST. PETERSBURG, FL 33715 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            MACCONNELL, JOSEPH T  
Address        6357 BAHIA DEL MAR BLVD #602  
City-State-Zip: ST. PETERSBURG FL 33715

Title            SECR  
Name            MACCONNELL, JOSEPH T  
Address        6357 BAHIA DEL MAR BLVD #602  
City-State-Zip: ST. PETERSBURG FL 33715

Title            SECRETARY  
Name            MACCONNELL, JOANNE M  
Address        6357 BAHIA DEL MAR BLVD #602  
City-State-Zip: ST. PETERSBURG FL 33715

*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:** JOSEPH T MACCONNELL

**PRESIDENT**

**04/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date