

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000086885

**FILED**  
**Apr 16, 2016**  
**Secretary of State**  
**CC0605469392**

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

**Current Principal Place of Business:**

1206 ROBIN ROAD SOUTH  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

1206 ROBIN ROAD SOUTH  
ST. PETERSBURG, FL 33707

**FEI Number:** 26-0653108

**Certificate of Status Desired:** No

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

MACCONNELL, JOSEPH T  
1206 ROBIN ROAD SOUTH  
ST. PETERSBURG, FL 33707 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        1206 ROBIN ROAD SOUTH  
City-State-Zip: ST. PETERSBURG FL 33707

Title            SECR  
Name            MACCONNELL, JOSEPH T  
Address        1206 ROBIN ROAD SOUTH  
City-State-Zip: ST. PETERSBURG FL 33707

Title            SECRETARY  
Name            MACCONNELL, JOANNE M  
Address        1206 ROBIN ROAD SOUTH  
City-State-Zip: ST. PETERSBURG FL 33707

*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**

**04/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date