

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000104162

**Entity Name:** MCNAMARA, INC.

**Current Principal Place of Business:**

4705 SW 5TH PLACE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

P.O. BOX 150906  
CAPE CORAL, FL 33915-0906 US

**FEI Number: 90-0929028**

**Certificate of Status Desired: Yes**

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

MCNAMARA, SUSAN E  
4705 SW 5TH PLACE  
CAPE CORAL, FL 33914 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            MCNAMARA, KEVIN J  
Address        P.O. BOX 150906  
City-State-Zip: CAPE CORAL FL 33915-0906

Title            VP  
Name            MCNAMARA, SUSAN E  
Address        P.O. BOX 150906  
City-State-Zip: CAPE CORAL FL 33915-0906

Title            MANAGER  
Name            MCNAMARA, CASEY PATRICK  
Address        P.O. BOX 150906  
City-State-Zip: CAPE CORAL FL 33915-0906

Title            MANAGER  
Name            MCNAMARA, DILLON EDWARD  
Address        P.O. BOX 150906  
City-State-Zip: CAPE CORAL FL 33915-0906

*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: KEVIN MCNAMARA**

**PRESIDENT**

**03/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date