

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 493121		
1. Entity Name MCBRIDE ENTERPRISES, INC.		
Principal Place of Business 1201 NINTH ST. SOUTH ST. PETERSBURG, FL 33705	Mailing Address 1201 NINTH ST. SOUTH ST. PETERSBURG, FL 33705	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOMEZ & ASSOCIATES 2037 FIRST AVENUE NORTH SAINT PETERSBURG, FL 33713		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, JERMIMA 3034 35TH TERRACE S. ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MCBRIDE, ISAAC 3034 35TH TERRACE S. ST. PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, I W 2400 DR M L KING STREET SOUTH ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1661634

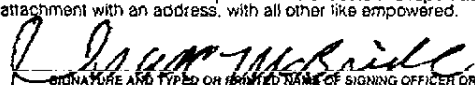
Applied For
Not Applicable

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

000000555187
05/16/06-80022-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 727-822-404
Date Daytime Phone #