5/4/2004-90170-006-$150.00-$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 493935

1. Entity Name
WILLIAM J. MCPHARLIN, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -1 AM 8:00

Principal Place of Business	Mailing Address
3015 N. OCEAN ., #122 FT. LAUDERDALE, FL 33308 US	3015 N. OCEAN ., #122 FT. LAUDERDALE, FL 33308 US

04282004 No Chg-P CR2E034 (10/03) MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1807541
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHARLIN, WILLIAM J
3015 N. OCEAN ., #122
FT. LAUDERDALE, FL 33308

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCPHARLIN, WILLIAM J
STREET ADDRESS	1800 S. OCEAN BLVD #112
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William J. McPharlin Pres 5-26-04 954 566-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #