

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 519429

1. Entity Name
JOHN P. O'GRADY, INC.



Principal Place of Business
**2809 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487-1829**

Mailing Address
**2809 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487-1829**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1715542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKENSON, DAVID B.
980 N.FEDERAL HWY.,STE.410
BOCA RATON, FL 33432**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSV
NAME	BLAKE, JUNE A.
STREET ADDRESS	2727 S OCEAN BLVD #602
CITY-ST-ZIP	HIGHLAND BCH., FL
TITLE	D
NAME	BLAKE, JUNE A.
STREET ADDRESS	2727 S OCEAN BLVD #602
CITY-ST-ZIP	HIGHLAND BCH., FL
TITLE	T
NAME	MCGAHAN, MARGARET MARY C
STREET ADDRESS	3310 S OCEAN BLVD 125
CITY-ST-ZIP	HIGHLAND BCH, FL
TITLE	S
NAME	PORTER, PATRICIA B
STREET ADDRESS	2225 RABBIT HOLLOWE CIR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VP
NAME	BLAKE, AMY M
STREET ADDRESS	301 SE 6TH AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	S
NAME	SARETSKY, R. VERONIQUE
STREET ADDRESS	3720 S. OCEAN BLVD. #3720
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487

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01/11/08-80031-005 150.00

**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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #