

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 554767

FILED
Apr 15, 2009
Secretary of State

Entity Name: JAMES A. MCTAGUE, INC.

Current Principal Place of Business:

4530 TAMIAMI TRAIL NORTH
SUITE 3
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4530 TAMIAMI TRAIL NORTH
SUITE 3
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1772035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCTAGUE, JAMES A.
4530 TAMIAMI TRAIL N.
SUITE 3
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MANURI, JEANNE M PD
4530 TAMIAMI TRAIL N.
SUITE 3
NAPLES, FL 34103 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: JEANNE M. MANURI

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCTAGUE, JAMES A.
Address: 565 WHISPERING PINE LANE
City-St-Zip: NAPLES, FL 34103

Title: DS () Delete
Name: ATKINSON, JO ELLEN
Address: 565 WHISPERING PINE LANE
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: GOLDMAN, SUSAN M
Address: 565 WHISPERING PINE LANE
City-St-Zip: NAPLES, FL 34103

Title: DT () Delete
Name: MANURI, JEANNE M.
Address: 565 WHISPERING PINE LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANURI, JEANNE M P/D
Address: 5321 MAHOGANY RIDGE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: DS (X) Change () Addition
Name: ATKINSON, JO ELLEN
Address: 2185 LONGBOAT DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change () Addition
Name: GOLDMAN, SUSAN M
Address: 172 CAJEPUT DRIVE
City-St-Zip: NAPLES, FL 34108

Title: DT (X) Change () Addition
Name: MCTAGUE, MARY K
Address: 565 WHISPERING PINE LANE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEANNE M. MANURI

P/D

04/15/2009

Electronic Signature of Signing Officer or Director

Date