

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600585

FILED
Apr 26, 2005
Secretary of State

Entity Name: MCDONOUGH & WIELAND, P.A.

Current Principal Place of Business:

19 E. CENTRAL BLVD.
P.O. DRAWER 1991
ORLANDO, FL 32802

New Principal Place of Business:

Current Mailing Address:

19 E. CENTRAL BLVD.
P.O. DRAWER 1991
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-1225948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, JOHN R
519 WHISPERWOOD DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WIELAND, WILLIAM J
Address: 605 REMINGTON OAK DR
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: MCDONOUGH, JOHN R,
Address: 519 WHISPERWOOD DRIVE
City-St-Zip: LONGWOOD, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WIELAND, WILLIAM J
Address: 729 PALMER CT
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN R MCDONOUGH

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date