


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 034 ***158.75

DOCUMENT # 673487 1. Entity Name MCGOVERN CONSTRUCTION CORPORATION					
Principal Place of Business 8111 BROADWAY AVE E SUITE A ESTERO, FL 33928 US			Mailing Address PO BOX 343 ESTERO, FL 33928 US		
2. Principal Place of Business No P.O. Box # 13595 S.E. HIGHWAY 25 SUITE A		3. Mailing Address P.O. Box 125			
City & State WEIRSDALE FL		City & State WEIRSDALE FL.		4. FEI Number 59-2006645	
Zip 32195		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOVERN, BERNARD W. 9316 LENNEX LANE FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGOVERN, BERNARD W. 8111 BROADWAY AVE E ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGOVERN, BERNARD W. 13595 S.E. HIGHWAY 25 WEIRSDALE, FL 32195	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			BERNARD W. MCGOVERN 3/26/08 TREASURER (239) 481-7065		