

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-03-2005 90095 016 ***150.00

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1. Entity Name
MCMAHON MANAGEMENT CORPORATION



Principal Place of Business
27800 RIVERWALK WAY
BONITA SPRINGS, FL 34134

Mailing Address
C/O MASOTTI & MASOTTI
1100 SUMMER ST
STAMFORD, CT 06905

66022107



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1270525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCMAHON, RAYMOND E
27800 RIVERWALK WAY
BONITA SPRINGS, FL 34134

**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

Raymond E. McMahon Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
CP
NAME
MCMAHON, RAYMOND E
STREET ADDRESS
27800 RIVERWALK WAY
CITY-ST-ZIP
BONITA SPRINGS, FL 34134

TITLE
S
NAME
MCMAHON, ROSANNE
STREET ADDRESS
27800 RIVERWALK WAY
CITY-ST-ZIP
BONITA SPRINGS, FL 34134

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:

Raymond E. McMahon Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/05

Date

Daytime Phone #