

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000003818

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

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

04242006 No Chg-P CR2E034 (11/05)

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*

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

(NOTE: Registered Agent signature required when reinstating)

*4/28/06*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000558750  
05/17/06-80106-006 150.00

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCMAHON, ROSANNE  
27800 RIVERWALK WAY  
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 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:

*Raymond E. McMahon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/06* 203-544 8389

Date

Daytime Phone #