

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # F62388

1. Entity Name

EDWARD J. MCCORMICK, P.A.



Principal Place of Business

111 SOUTHWEST THIRD STREET
MCCORMICK BUILDING
MIAMI, FL 33130

Mailing Address

111 SOUTHWEST THIRD STREET
MCCORMICK BUILDING
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



03182008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2159236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, EDWARD J.
111 S.W. 3RD STREET
MCCORMICK BUILDING
MIAMI, FL 33130

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

000000386384
04/08/08-80026-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCORMICK, EDWARD J.
STREET ADDRESS	111 SW 3RD ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	MCCORMICK, EDWARD J JR.
STREET ADDRESS	111 SW 3RD ST.
CITY-ST-ZIP	MIAMI, FL 33130
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 Mar 08 305-358-8600
V 106