

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 002 ***150.00

DOCUMENT # F83187

1. Entity Name
MCNULTY-BARBER MARKETING, INC.



Principal Place of Business
**3965 HENDERSON BLVD.
TAMPA, FL 33629**

Mailing Address
**3965 HENDERSON BLVD.
TAMPA, FL 33629**

2. Principal Place of Business
4950 59th Avenue South

3. Mailing Address
4950 59th Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006

Chg-P

CR2E034 (11/05)

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-2193675

Applied For
Not Applicable

Zip
33715

Country
USA

Zip
33715

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBER, TIMOTHY R
3965 HENDERSON BLVD
TAMPA, FL 33629**

Name
Barber, Timothy R.

Street Address (P.O. Box Number is Not Acceptable)
4950 59th Avenue South

City **St. Petersburg**

FL

Zip Code **33715**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**VPM
BARBER-MCNULTY, KAREN
3965 HENDERSON BLVD
TAMPA, FL 33629** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
BARBER, TIMOTHY R
3965 HENDERSON BLVD
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4950 59th Avenue South
St. Petersburg, FL 33715** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy R. Barber **1-31-06**

727-776-8935