

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90068 018 \*\*\*150.00

**DOCUMENT # G00795**

1. Entity Name  
**MCMAHON FUR STORAGE CO.**



Principal Place of Business

%JUDITH SIMMONS  
233 AVANT AVE  
SARASOTA, FL 34232

Mailing Address

%JUDITH SIMMONS  
233 AVANT AVE  
SARASOTA, FL 34232

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2221577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, JUDITH  
233 AVANT AVE  
SARASOTA, FL 34232

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete  
NAME SIMMONS, GERALD C  
STREET ADDRESS 4844 BACCUS AVE  
CITY-ST-ZIP SARASOTA, FL

TITLE D ☐ Delete  
NAME SIMMONS, VICK  
STREET ADDRESS 4844 BACCUS AVE  
CITY-ST-ZIP SARASOTA, FL

TITLE D ☒ Delete  
NAME SIMMONS, RICK  
STREET ADDRESS 4844 BACCUS AVE  
CITY-ST-ZIP SARASOTA, FL

TITLE DP ☐ Delete  
NAME SIMMONS, JUDITH  
STREET ADDRESS 4844 BACCUS AVE  
CITY-ST-ZIP SARASOTA, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

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 #

4-30-07 941-371-6041