

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53369

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: MCCARTHY AND ASSOCIATES, INC.

**Current Principal Place of Business:**

2555 NURSERY ROAD  
SUITE 101  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

2555 NURSERY ROAD  
SUITE 101  
CLEARWATER, FL 33764 US

**New Mailing Address:**

FEI Number: 59-2520470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVELACE, WILLIAM MR.  
401 S. LINCOLN AVE  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCARTHY, E. MICHAEL PRESID  
Address: 1011 WEATHERSFIELD DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: V ( ) Delete  
Name: SALEMME, JEFFREY J  
Address: 1609 HAMPTON LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V ( ) Delete  
Name: SELINSKY, ROBERT J  
Address: 23 NW 17TH STREET  
City-St-Zip: DELRAY BEACH, FL 33444 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. MICHAEL MCCARTHY

P

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date