FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2005 8:00 am
Secretary of State
05-26-2005 90027 016 ***158.75

DOCUMENT # H60076

1. Entity Name
BRUCE MC GONIGAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3940 Moores Station Rd.	1580 Cochran Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, Fl. 32773	City & State: Geneva, Fl. 32732
Zip: 32773 Country: Seminole	Zip: 32732 Country: Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2771752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WORMAN, ROBERT B.

Street Address (P.O. Box Number is Not Acceptable): 105 E. ROBINSON ST.

City: ORLANDO FL Zip Code: 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	MCGONIGAL, BRUCE D.
STREET ADDRESS	1580 COCHRAN ROAD
CITY-ST-ZIP	GENEVA FL. 3232732
TITLE	CEO
NAME	MCGONIGAL, BRUCE C.
STREET ADDRESS	121 N. VIRGINIA AVE
CITY-ST-ZIP	SANFORD, FL. 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 4/27/05 407-330-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #