



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90092 017 ***150.00

DOCUMENT # H80627 1. Entity Name ROBERT J. McDERMOTT, P.A.					
Principal Place of Business % ROBERT J. McDERMOTT 101 N. CLEARWATER-LARGO RD. LARGO, FL 33770				Mailing Address % ROBERT J. McDERMOTT 101 N. CLEARWATER-LARGO RD. LARGO, FL 33770	
2. Principal Place of Business <i>1010 KeyStone DR</i> Suite, Apt. #, etc.		3. Mailing Address <i>1010 KeyStone DR</i> Suite, Apt. #, etc.			
City & State <i>CLEARWATER FL.</i>		City & State <i>CLEARWATER FL</i>		4. FEI Number 59-2590185	
Zip <i>33756</i>		Country <i>Pinellas</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent McDERMOTT, ROBERT J. 101 N. CLEARWATER-LARGO RD. LARGO, FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1010 KeyStone DR</i> City <i>CLEARWATER FL</i> Zip Code <i>33756</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT McDERMOTT, ROBERT J. 101 N CLR-WATER LRGO RD LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1010 KeyStone DR</i> <i>CLEARWATER FL 33756</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>3/25/05</i> Daytime Phone # <i>27. 446 29 50</i>		