2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H82440

t. Entity Name
MICHAEL J. MCDERMOTT, P.A.



Jan 11, 2006 08:00 AM Secretary of State

Principal Place of Business
% MICHAEL J. MCDERMOTT
791 W LUMSDEN RD
BRANDON, FL 33511

Mailing Address

% MICHAEL J. MCDERMOTT 791 W LUMSDEN RD BRANDON, FL 33511



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P

Chg-P CR2E034 (11/05)

4. FEI Number 59-2601545

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J. 791 W LUMSDEN RD BRANDON, FL 33511

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	L ed office or r	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registere	d Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDERMOTT, MICHAEL J. 791 W LUMSDEN RD BRANDON, FL				U00000382582 01/12/08-80017-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					
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CITY-ST-ZIP					•
12. I hereby of indicated of the cor changed.	certify that the information supplied with this for on this report or supplemental report is true poration or the receiver of trustee empowere or on an attachment with an address, with a	iling does not qualify for the ext and accurate and that my signal d to execute this report as requi Lether like empowered.	emptions con ture shall have red by Chap	ntained in Chapter 1 ve the same legal effo ter 607, Florida Statu	19, Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR