

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H92510**

1. Entity Name  
**MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTSSON,  
P.A.**



Principal Place of Business  
**18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948 US**

Mailing Address  
**18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948 US**



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2629363**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCKINLEY, MICHAEL  
18401 MURDOCK CIRCLE  
PT. CHARLOTTE, FL 33948**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**000000076948  
03/05/04-80022-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MCKINLEY, MICHAEL R
STREET ADDRESS	18401 MURDOCK CIR
CITY-ST-ZIP	PT CHARLOTTE, FL
TITLE	DVP
NAME	ITTERSAGEN, SCOTT D
STREET ADDRESS	1861 PLACIDA RD #204
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	DS
NAME	GUNDERSON, MIKO P.
STREET ADDRESS	18401 MURDOCK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	DT
NAME	BERNTSSON, ROBERT H
STREET ADDRESS	18401 MURDOCK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**2/19/04**

Date

**941-627-1000**

Daytime Phone #