


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # J39709**

1. Entity Name  
**MCBRIDE & WARD, INC.**



Principal Place of Business      Mailing Address  
**800 FIFTH AVENUE S #200**      **800 FIFTH AVENUE S #**  
**NAPLES FL 34102**                      **NAPLES FL 33940-3627**  
**US**    **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **59-2733534**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, JANICE M.**  
**800 FIFTH AVENUE S #200**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPAT<br>WARD, WILLIAM J. <input type="checkbox"/> Delete<br>800 FIFTH AVENUE S #200<br>NAPLES FL 34102 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>WARD, JANICE M. <input type="checkbox"/> Delete<br>800 FIFTH AVENUE S #200<br>NAPLES FL 34102   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DCT<br>MCBRIDE, CLYDE <input type="checkbox"/> Delete<br>1333 OCEAN AVE.<br>MANTOLOKING NJ             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVAS<br>MCBRIDE, LORRAINE <input type="checkbox"/> Delete<br>1333 OCEAN AVE.<br>MANTOLOKING NJ         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WARD, TREVOR E <input type="checkbox"/> Delete<br>4855 TAMARIND RIDGE DR<br>NAPLES FL 34119       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Janice M. Ward*      Janice M. Ward      3/27/07      239-263-7000

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #