


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2008 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  
 NAPLES FL 34102  
 US**      **800 FIFTH AVENUE S #  
 NAPLES FL 33940-3627  
 US**



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

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

1st MOORE      CR2E034 (10/07)

City & State      City & State

4. FEI Number      Applied For

**59-2733534**       Not Applicable

Zip      Country      Zip      Country

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title of office (NOTE: Registered Agent's signature required when submitting)

**FILE NOW!!! FEE IS: \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**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	DPAT	<input type="checkbox"/> Delete
NAME	WARD, WILLIAM J.	
STREET ADDRESS	800 FIFTH AVENUE S #200	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WARD, JANICE M.	
STREET ADDRESS	800 FIFTH AVENUE S #200	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	MCBRIDE, CLYDE	
STREET ADDRESS	1333 OCEAN AVE.	
CITY-ST-ZIP	MANTOLOKING NJ	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	MCBRIDE, LORRAINE	
STREET ADDRESS	1333 OCEAN AVE.	
CITY-ST-ZIP	MANTOLOKING NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, TREVOR E	
STREET ADDRESS	4855 TAMARIND RIDGE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000866163
CITY-ST-ZIP	04/08/08-80017-020 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 McBride Ward*      *March 3, 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DAY/MO/YEAR