## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39709

Entity Name: MCBRIDE & WARD, INC.

FILED Feb 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 800 FIFTH AVENUE S #200
 800 FIFTH AVENUE S #201

 NAPLES, FL 34102
 US

 NAPLES, FL 34102
 US

Current Mailing Address: New Mailing Address:

800 FIFTH AVENUE S # 800 FIFTH AVENUE S #201 NAPLES, FL 339403627 US NAPLES, FL 339403627 US

FEI Number: 59-2733534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

WARD, JANICE M.
800 FIFTH AVENUE S #201
NAPLES, FL 34102
US

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.

SIGNATURE: 02/17/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DPAT

 Name:
 WARD, WILLIAM J.

 Address:
 800 FIFTH AVENUE S #201

 City-St-Zip:
 NAPLES, FL 34102

Title: DVS

 Name:
 WARD, JANICE M.

 Address:
 800 FIFTH AVENUE S #201

 City-St-Zip:
 NAPLES, FL 34102

Title: DCT

Name: MCBRIDE, CLYDE Address: 608 16TH AVE. SO. City-St-Zip: NAPLES, FL 34102

Title: DVAS

 Name:
 MCBRIDE, LORRAINE

 Address:
 608 16TH AVE. SO.

 City-St-Zip:
 NAPLES, FL 34102

Title:

 Name:
 WARD, TREVOR E

 Address:
 4855 TAMARIND RIDGE DR

 City-St-Zip:
 NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE M. WARD DVS 02/17/2011