

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39709

FILED  
Feb 21, 2012  
Secretary of State

Entity Name: MCBRIDE & WARD, INC.

**Current Principal Place of Business:**

800 FIFTH AVENUE S #201  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 FIFTH AVENUE S #201  
NAPLES, FL 339403627 US

**New Mailing Address:**

FEI Number: 59-2733534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

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: D  
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: WILLIAM J. WARD

DPAT

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date