## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # J55012

1. Entity Name 15271-15 MC GREGOR BLVD., INC.



**FILED** Mar 10, 2008 08:00 A **Secretary of State** 

Principal Place of Business

15271-15 MCGREGOR BLVD. FT MYERS, FL 33908

Mailing Address

15271-15 MCGREGOR BLVD. FT MYERS, FL 33908



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03072008 No Chg-P

4. FEI Number 59-2755731 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFANACCI, LOUIS J. 15271-15 MCGREGOR BLVD FT MYERS, FL 33908

## 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.

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

(NOTE: Registered Agent aignsture required when reinstating)

FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000852534 03/26/08-80027-014 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD STEFANACCI, LOUIS J. 15271-15 MCGREGOR BLVD FT MYERS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**