

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J60786**

1. Entity Name  
MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.



Principal Place of Business  
311 S MISSOURI AVE  
CLEARWATER, FL 33756 US

Mailing Address  
311 S. MISSOURI AVE  
CLEARWATER, FL 33756 US



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2779995

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCFARLAND, DONALD O.  
311 S. MISSOURI AVENUE  
CLEARWATER, FL 33516

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCFARLAND, DONALD
STREET ADDRESS	311 S. MISSOURI AVE.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	SD
NAME	LYONS, GARY W.
STREET ADDRESS	311 S. MISSOURI AVE.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	TD
NAME	SULLIVAN, C.A.
STREET ADDRESS	311 S. MISSOURI AVENUE
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000593532  
01/22/07-80036-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #