

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90226 031 \*\*\*150.00

**DOCUMENT # J76555**

1. Entity Name

**MCDERMOTT TRUCKING, INC.**



Principal Place of Business

**2307 TAMESWIND DR.  
FORT PIERCE FL 34949  
US**

Mailing Address

**2307 TAMESWIND DR.  
FORT PIERCE FL 34949  
US**

2. Principal Place of Business

**2307 TAMARIND DR.**

Suite, Apt. #, etc.

3. Mailing Address

**2307 TAMARIND DR**

Suite, Apt. #, etc.

City & State

**FORT PIERCE FL**

Zip

**34949**

Country

City & State

**FORT PIERCE FL**

Zip

**34949**

Country

4. FEI Number

**59-2621268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCDERMOTT, PATRICK J.  
2261 SW SALMON RD.  
PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name

**MCDERMOTT PATRICK J.**

Street Address (P.O. Box Number is Not Acceptable)

**2307 TAMARIND DR**

City

**FORT PIERCE**

FL

Zip Code

**34949**

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, 2005 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 **PD** ☐ Delete  
NAME **MCDERMONT, PATRICK J.**  
STREET ADDRESS **2261 SW SALMON RD**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **STD** ☐ Delete  
NAME **MCDERMONT, CATHERINE R.**  
STREET ADDRESS **7200 NW 2ND AVE., UNIT 68**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **MCDERMOTT, PATRICK J.**  
STREET ADDRESS **2307 TAMARIND DR**  
CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine R. McDermott CATHERINE R. MCDERMOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/05**

Date

**561 997-7125**

Daytime Phone #