

2005 **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 048 \*\*\*150.00

DOCUMENT # J76555

1. Entity Name

*McDermott Trucking, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2307 Tamarind Drive*

Suite, Apt. #, etc.

3. Mailing Address

*2307 Tamarind Drive*

Suite, Apt. #, etc.

City & State

*Fort Pierce FL*

City & State

*Fort Pierce FL*

4. FEI Number

*59-2621268*

Applied For

Not Applicable

Zip

*34949-1542*

Country

*US*

Zip

*34949-1542*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Patrick J. McDermott*

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

*2307 Tamarind Drive*

City

*Fort Pierce*

FL

Zip Code

*34949*

**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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**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	<i>PD</i>	TITLE	
NAME	<i>McDermott, Patrick J.</i>	NAME	
STREET ADDRESS	<i>2307 Tamarind Drive</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Fort Pierce, FL 34949</i>	CITY-ST-ZIP	
TITLE	<i>STD</i>	TITLE	
NAME	<i>McDermott, Catherine R.</i>	NAME	
STREET ADDRESS	<i>7200 NW 2nd Ave. Unit 68</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>BOCA RATON, FL 33487</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Catherine R. McDermott*

CATHERINE R. McDERMOTT

Date

*4/18/06*

Daytime Phone #

*561 997-9125*