

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90024 022 ***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 - No P.O. Box #

2307 TAMARIND DR.

3. Mailing Address

2307 TAMARIND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

FORT PIERCE FL

City & State

FORT PIERCE FL

4. FEI Number 59-2621268

Applied For

Not Applicable

Zip

34949

Country

US

Zip

34949

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, PATRICK J.
2307 TAMRRIND DR
FORT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code...

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

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
NAME MCDERMOTT, PATRICK J. ☐ Delete
STREET ADDRESS 2307 TAMRRIND DR
CITY - ST - ZIP FORT PIERCE FL 34949

TITLE STD
NAME MCDERMOTT, CATHERINE R. ☐ Delete
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CATHERINE R. MCDERMOTT CATHERINE R. MCDERMOTT

4/11/07

561-997-7125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #