

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K06815

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** MCBRIDE & MCBRIDE, INC.

**Current Principal Place of Business:**

102 EGRET RD.  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

1832 OLD BEACH ROAD  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

102 EGRET RD.  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

1832 OLD BEACH ROAD  
ST AUGUSTINE, FL 32080

**FEI Number:** 59-2861569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLES, JOSEPH L., JR.  
120 CHARLOTTE STREET  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCBRIDE, KEITH  
Address: 1832 OLD BEACH ROAD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: V  
Name: MCBRIDE, RYAN  
Address: 1832 OLD BEACH ROAD  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH MCBRIDE

P

04/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date