

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65026

FILED
Apr 29, 2009
Secretary of State

Entity Name: MICHAEL E. MCGINLEY & COMPANY

Current Principal Place of Business:

13720 BEN C PRATT / SIX MILE CYPRESS PKWY
SUITE 3
FORT MYERS, FL 33912 US

New Principal Place of Business:

5498 HARBOUR CASTLE DRIVE
FORT MYERS, FL 33907 US

Current Mailing Address:

PO BOX 60885
FORT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 65-0026558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINLEY, MICHAEL E.
155 JEFFERSON STREET
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

MCGINLEY, MICHAEL E.
5498 HARBOUR CASTLE DRIVE
FORT MYERS, FL 33907 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCGINLEY, MICHAEL E.
Address: 155 JEFFERSON STREET
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCGINLEY, MICHAEL E.
Address: 5498 HARBOUR CASTLE DRIVE
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E. MCGINLEY

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date