

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000002734 1. Entity Name RON MCLAUGHLIN & ASSOCIATES, INC.	
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Principal Place of Business 7276 HUNT CLUB LANE SEMINOLE, FL 33776	Mailing Address 5401 CENTRAL AVE ST. PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3622757	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCATEE, CAROL
5401 CENTRAL AVE
SAINT PETERSBURG, FL 33710**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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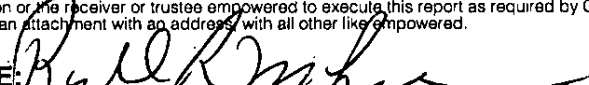
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLAUGHLIN, RONALD R 7276 HUNT CLUB LANE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLAUGHLIN, CELIA A 7276 HUNT CLUB LANE SEMINOLE, FL 33776
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03/21/08-80003-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____