

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90008 035 ***150.00

DOCUMENT # P00000003042	
1. Entity Name MCLAUGHLIN MANAGEMENT CO., INC. <i>2005</i>	



Principal Place of Business 131 GRAND HERON DR. PANAMA CITY BEACH FL 32407	Mailing Address 131 GRAND HERON DR. PANAMA CITY BEACH FL 32407
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66002889



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <i>131 Grand Heron Dr.</i>	3. Mailing Address <i>131 Grand Heron Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Panama City Beach</i>	City & State <i>Panama City Beach</i>
Zip <i>32407</i>	Zip <i>32407</i>
Country <i>Bay</i>	Country <i>Bay</i>

4. FEI Number 59-3630963	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLAUGHLIN, JOHN W II 9900 S. THOMAS DR. PANAMA CITY BEACH FL 32408	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>131 Grand Heron Drive</i> City <i>Panama City Beach</i> FL Zip Code <i>32407</i>	
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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 <i>[Signature]</i> <i>John W. McLaughlin II</i> (address change) DATE <i>1-20-05</i>	
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MCLAUGHLIN, JOHN W II 131 GRAND HERON DR. PANAMA CITY BEACH FL 32407 <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition <i>Sharon A. McLaughlin</i> <i>131 Grand Heron Dr.</i> <i>Panama City Beach, FL 32407</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> <i>John W. McLaughlin II</i>	DATE: <i>1-20-05</i> DAYTIME PHONE: <i>850-230-3881</i>