2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 08:00 AM Secretary of State

Daylime Phone ≢

		YEPON!		0 1 001 1	
DOCUMENT # P0000013314 1. Entity Name MCGOVERN & ASSOCIATES INC.		14		Secretary of State	
Principal Plac	ce of Business	Mailing Address		-	
29 SE 5TH		29 SE 5TH STREET			
	N, FL 33432	BOCA RATON, FL 33432			
Dogram	10,12 00402	DOWN TOTAL STATE	•		
	E	Similar of the manifestation of the property of	rms		
	the second second second second			02102005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE)	
DO NOT WHITE IN THIS SPACE				4. FEI Number Applied For	
				65-1096261 Not Applicable	
				5 Cartificate of Status Decired S8.75 Additional	
				5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent				The state of the s	
MATTEIS & CHRISTOPHER PA				DO NOT WRITE	
	29 SE 5TH STREET			DO NOT WHITE	
BOCA RATON, FL 33432				IN THIC COACE	
		: '	}	IN THIS SPACE	
		;			
8. The above	named entity submits this statement for the	purpose of changing its registers	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
the obliga	tions of registered agent.			***	
SIGNATURE.			~79p	when relational	
	Signature, typed or printed name of registered agent and ti	16 if applicable (NOTE Registered	Agent signature required	wheth refusibiling) DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be	
10.	OFFICERS AND DIR	ECTORC -			
	T	ECTORS		A CALL SHOWING TO SECURITY	
TITLE	PSTD				
NAME	MCGOVERN, KEVIN				
STREET ADDRESS	29 SE 5TH STREET		i		
CITY-ST-ZIP	BOCA RATON, FL 33432		.	02/24/05-80087-003 155.00	
TITLE	VPAS	7 (198 a.)			
NAME	MATTEIS, JOHN		ł		
STREET ADDRESS	29 SE 5TH STREET				
CITY-ST-ZIP	BOCA RATON, FL 33432			the state of the s	
	BOOK TOTTON, TE SOUSE				
TITLE					
NAME	·	_	ſ	1	
STREET ADDRESS)	• —		DO NOT WRITE	
CITY-ST-ZIP				DO NOT WHITE	
TITLE				IN THE COACE	
NAME	J			IN THIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP					
			- 		
TMLE		+			
NAME					
STREET ADDRESS				ł	
CITY-ST-ZIP					
TITLE		A Section of the sect	·		
NAME		i		- · · · · · · · · · · · · · · · ·	
STREET ADDRESS	,				
		ı		į.	
CITY-ST-ZIP			L		
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exer	hption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this report of 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 trustge empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if					
of the corporation of the receiver of 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.					