

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90102 021 \*\*\*150.00

**DOCUMENT # P00000050388**

**1. Entity Name**

**MCMENAMY REALTY INC.**



**Principal Place of Business**

**521 A1A BEACH BLVD  
SAINT AUGUSTINE FL 32080**

**Mailing Address**

**5150 PALM VALLEY RD  
STE 100  
PONTE VEDRA BEACH FL 32082**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3649183**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCMENAMY, JOHN J.  
12412 SAN JOSE BLVD.**

**# 303  
JACKSONVILLE FL 32223**

**ADDR CHANGE**

**Name**

**JOHN J MCMENAMY**

**Street Address (P.O. Box Number is Not Acceptable)**

**5150 PALM VALLEY RD #100**

**City**

**PONTE VEDRA**

**FL**

**Zip Code**

**32082**

**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**

*John J. McMenemy*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☒ Delete  
**NAME** MCMENAMY, JOHN  
**STREET ADDRESS** 117 OLD MILL COURT  
**CITY-ST-ZIP** PONTE VEDRA BEACH FL 32082

**TITLE** ☐ Change ☒ Addition  
**NAME** JOHN MCMENAMY  
**STREET ADDRESS** 5150 PALM VALLEY RD #100  
**CITY-ST-ZIP** PONTE VEDRA, FL 32082

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*John J. McMenemy* **JOHN MCMENAMY**

**3/31/05**

**704 273 3939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #