

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 034 ***150.00

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1. Entity Name
JOHN E. CLEARY III, INC.



Principal Place of Business
**20 BEACON STREET
ST AUGUSTINE, FL 32084**

Mailing Address
**20 BEACON STREET
ST AUGUSTINE, FL 32084**

2. Principal Place of Business
1950 Lightsey Rd.
Suite, Apt. #, etc.

3. Mailing Address
1950 Lightsey Rd.
Suite, Apt. #, etc.



03282005 Chg-P CR2E034 (10/03)

City & State
St. Augustine FL.
Zip
32084 Country

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St. Augustine FL.
Zip
32084 Country

4. FEI Number
59-3663170 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'CONNELL, HENRY
2200 N. PONCE DE LEON BLVD STE 10
ST AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CLEARY, III, JOHN E**
STREET ADDRESS **20 BEACON STREET**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JOHN E. CLEARY III INC.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1950 Lightsey Rd.**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

Daytime Phone #