

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121214

Entity Name: MCAULIFFE & ASSOCIATES, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

C/O CHRISTIAN S. MCAULIFFE  
21724 MASTERS CIRCLE  
ESTERO, FL 33928

## New Principal Place of Business:

## Current Mailing Address:

PO DRAWER 60205  
FORT MYERS, FL 33906

## New Mailing Address:

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

FEI Number: 01-0550483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROYSTON, ROBERT D JR  
12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

WICKER, JOHN M  
12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MCAULIFFE, CHRISTIAN S  
Address: 21724 MASTERS CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VST ( ) Delete  
Name: MCAULIFFE, MARILYN B  
Address: 21724 MASTERS CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: PCEO (X) Delete  
Name: MCAULIFFE, JASON W  
Address: 21724 MASTERS CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: D (X) Delete  
Name: STEVENS, JESSICA  
Address: 75-5919 ALLI DRIVE X-2  
City-St-Zip: KAILUA KONA, HI 96740

Title: D (X) Delete  
Name: WERNER, JENNIFER  
Address: 233 PRESTON WOODS TRAIL  
City-St-Zip: DUNWOODY, GA 30338

Title: D (X) Delete  
Name: MCAULIFFE, MICHELLE  
Address: 2914 S MEEKINS AVENUE  
City-St-Zip: NAGS HEAD, NC 27959

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: MCAULIFFE, CHRISTIAN S  
Address: 21724 MASTERS CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN S. MCAULIFFE

DC

04/27/2009

Electronic Signature of Signing Officer or Director

Date