


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000098090**

1. Entity Name  
 WILLIAM MCCARTHY, P.A.



Principal Place of Business      Mailing Address

2263 NW 2 AVE STE 211      2263 NW 2 AVE STE 211  
 BOCA RATON, FL 33431      BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**



01082008      No Chg-P      CR2E034 (11/05)

4. FEI Number  
 55-0797629      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARTHY, WILLIAM  
 2263 NW 2 AVE STE 211  
 BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCARTHY, WILLIAM
STREET ADDRESS	2263 NW 2 AVE STE 211
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000845778  
 03/18/08-80001-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:       02/24/08      561-347-7477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #