

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000123943 1. Entity Name WILLIAM J. MCAFEE, P.A.					
Principal Place of Business 701 NORTHPOINTE PARKWAY WEST PALM BEACH FL 33407			Mailing Address 701 NORTHPOINTE PARKWAY SUITE 415 WEST PALM BEACH FL 33407		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1857075 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCAFEE, WILLIAM J 701 NORTHPOINTE PKWY., #415 WEST PALM BEACH FL 33407	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCAFEE, WILLIAM J 701 NORTHPOINTE PARKWAY, STE 415 WEST PALM BEACH FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000462151 03/21/06-80021-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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1st MOORE CR2E034 (10/05)

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William J. McFee* 3-6-06 (561) 795-3075