

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

DOCUMENT # P02000131046

1. Entity Name

TERRY MCCUE REAL ESTATE, INC.



Principal Place of Business

P.O. BOX 51283
JACKSONVILLE FL 32240

Mailing Address

P.O. BOX 51283
JACKSONVILLE FL 32240



2. Principal Place of Business

929 3rd ST NORTH

3. Mailing Address

P.O. Box 51283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

JACKSONVILLE BEACH

JAX BCH FL

Zip

Zip

32250

Country

Country

DUVAL

32240

Country

DUVAL

1st MOORE

CR2E034 (10/05)

4. FEI Number

56-2329847

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

MCCUE, TERRY SR
724 CAMELLIA TERR DR
NEPTUNE BEACH FL 32266

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, 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
PST
MCCUE, TERRY SR
P.O. BOX 51283
JACKSONVILLE FL 32240 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Terry McCue

Date

Daytime Phone #

4-4-2006 434-7246

904