

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90082 019 ***150.00

DOCUMENT # P03000065488

1. Entity Name

D MCNANY INC.



Principal Place of Business

**5831 24TH AVENUE SOUTH
GULFPORT FL 33707**

Mailing Address

**5831 24TH AVENUE SOUTH
GULFPORT FL 33707**



2. Principal Place of Business

3122 62nd ST N

Suite, Apt. #, etc.

3. Mailing Address

3122 62nd ST N.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ST. PETERSBURG, FLA.

Zip

33710

Country

PINELLAS

City & State

ST. PETERSBURG, FLA

Zip

33710

Country

PINELLAS

4. FEI Number

20-0041412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNANY, DANIEL J
5831 24TH AVENUE SOUTH
GULFPORT FL 33707**

7. Name and Address of New Registered Agent

Name

MCNANY, DANIEL J

Street Address (P.O. Box Number is Not Acceptable)

3122 62nd ST N

City

ST. PETERSBURG

FL

Zip Code

33710

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

4-10-06

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

TITLE **DP** ☐ Delete
NAME **MCNANY, DANIEL J**
STREET ADDRESS **5831 24TH AVENUE SOUTH**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

727.743-4479

Daytime Phone #