

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127162

Entity Name: MICHAEL W. MCCLURE, P.A.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

3617 NE 24TH AVE
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

2632 NE 9TH AVE
WILTON MANORS, FL 33334

Current Mailing Address:

3617 NE 24TH AVE
FT. LAUDERDALE, FL 33308

New Mailing Address:

2632 NE 9TH AVE
WILTON MANORS, FL 33334

FEI Number: 43-2032037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, MICHAEL W
3617 NE 24TH AVE.
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

MCCLURE, MICHAEL W
2632 NE 9TH AVE
WILTON MANORS, FL 33334 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: MICHAEL W. MCCLURE

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLURE, MICHAEL W
Address: 3617 NE 24 AVE
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCLURE, MICHAEL W
Address: 2632 NE 9TH AVE
City-St-Zip: WILTON MANORS, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL W. MCCLURE

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date