

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/29/2005-90012-027-\$150.00-\$150.00

DOCUMENT # P04000012788

1. Entity Name
JOHN L. MCCAULEY, INC



FILED

05 SEP 22 PM 3:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1st MOORE CR2E034 (10/04)

Principal Place of Business
**907 E WEATHERBEE ROAD
FORT PIERCE FL 34982
US**

Mailing Address
**907 E WEATHERBEE ROAD
FORT PIERCE FL 34982
US**

P.O. changed 907 to 1229

2. Principal Place of Business
1229

3. Mailing Address
1229

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
04-3782962

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MCCAULEY, JOHN L
907 E WEATHERBEE ROAD
FORT PIERCE FL 34982
1229**

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 reinsurance)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCAULEY, JOHN L 907 E WEATHERBEE RD FORT PIERCE FL 34982 1229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John L. McCauley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NEW BUSINESS NOT NOTIFIED
/JD OF FEE THE LETTER PREVIOUS
ANNUAL REPORTS SECTION WAS FIRST NOTICE SO SEEMS LATE IWR
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314
FEE DOES NOT APPLY THANK JLN
