

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000015479 1. Entity Name MCSHERRY A-Z, INC.	
--	---

Principal Place of Business 15125 133RD TERRACE NORTH JUPITER, FL 33478	Mailing Address 15125 133RD TERRACE NORTH JUPITER, FL 33478
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCSHORN, PATRICIA
15125 133RD TERR N
JUPITER, FL 33978

**DO NOT WRITE
IN THIS SPACE**

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 *Pat McSherry* *Patricia McShorn* *2-18-06*
Signature, typed or printed name of registered agent and date 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCSHERRY, PATRICK F 15125 133RD TERRACE NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000441617
03/03/06-80043-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Tom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-06 *861-379-5053*
Date Daytime Phone #

793-3357