

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083358

Entity Name: PAUL MCCAFFERY INC

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

2048 GLEN GARDNER DR  
JACKSONVILLE, FL 32246 US

## New Principal Place of Business:

2827 SACK DR WEST  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

2048 GLEN GARDNER DR  
JACKSONVILLE, FL 32246 US

## New Mailing Address:

2827 SACK DR WEST  
JACKSONVILLE, FL 32216 US

FEI Number: 20-1258324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCAFFERY, PAUL  
2048 GLEN GARDNER DR  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

MCCAFFERY, PAUL  
2827 SACK DR WEST  
JACKSONVILLE, FL 32216 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: PAUL MCCAFFERY

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: MCCAFFERY, PAUL  
Address: 2048 GLEN GARDNER DDR  
City-St-Zip: JACKSONVILL, FL 32246

Title: D ( ) Delete  
Name: FISHER, MICHAEL A  
Address: 1749 LAWSON  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete  
Name: HARRELL, TALITHA  
Address: 2048 GLEN GARDNER DR  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MCCAFFERY, PAUL  
Address: 2827 SACK DR WEST  
City-St-Zip: JACKSONVILL, FL 32216

Title: D (X) Change ( ) Addition  
Name: HARRELL, TALITHA  
Address: 2827 SACK DR W  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL MCCAFFERY

PST

04/10/2009

Electronic Signature of Signing Officer or Director

Date