

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90013 049 ***150.00

DOCUMENT # P04000086433

1. Entity Name
JAMES MCCULLA, INC.



Principal Place of Business
6489 BAY CLUB DR
SUITE 3
FT LAUDERDALE, FL 33308

Mailing Address
1815 CORDOVA ROAD
SUITE 209
FT LAUDERDALE, FL 33316

40000610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1815 Cordova Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 209

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33316

USA

01042008 Chg-P CR2E034 (12/06)

4. FEI Number

20-1198743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PD
MCCULLA, JAMES G ☐ Delete
STREET ADDRESS
6489 BAY CLUB DR SUITE 3
CITY-ST-ZIP
FT LAUDERDALE, FL 33308

TITLE
NAME
1815 Cordova Rd, Ste 209 ☒ Change ☐ Addition
STREET ADDRESS
Fort Lauderdale, FL 33316
CITY-ST-ZIP

TITLE
NAME
S
BROWN, SUSAN L ☐ Delete
STREET ADDRESS
6489 BAY CLUB DR SUITE 3
CITY-ST-ZIP
FT LAUDERDALE, FL 33308

TITLE
NAME
1815 Cordova Rd, Ste. 209 ☒ Change ☐ Addition
STREET ADDRESS
Fort Lauderdale, FL 33316
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James G. McCulla, President

1/04/08

(954)

524-4578