


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 013 ***158.75

DOCUMENT # P04000109404					
1. Entity Name JOHN J. MCGLYNN III, P.A.					
Principal Place of Business 3301 S.W. ISLAND WAY PALM CITY, FL 34990 US			Mailing Address P.O. BOX 3048 STUART, FL 34995 US		
2. Principal Place of Business 12 Harbour Isle Dr. West Suite, Apt. #, etc. 203		3. Mailing Address same as above Suite, Apt. #, etc.			
City & State Ft. Pierce FL		City & State		4. FEI Number 01222006 Chg-P CR2E034 (11/05) 20-1454483	
Zip 34949		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGLYNN, JOHN J III 3301 S.W. ISLAND WAY PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name <u>John J. McGlynn III</u> Street Address (P.O. Box Number is Not Acceptable) 12 Harbour Isle Drive West Unit 203 City <u>Ft. Pierce</u> <u>FL</u> Zip Code <u>34949</u>		
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: <u>John J. McGlynn III</u> <u>John J. McGlynn III, Owner</u> 1-22-06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGLYNN, JOHN J III 3301 S.W. ISLAND WAY PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 Harbour Isle Dr. West 203 Ft. Pierce FL 34949	<input checked="" 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 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: <u>John J. McGlynn III</u>			Date <u>2-22-06</u> Daytime Phone #		