

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 013 ***158.75

DOCUMENT # P04000148053

1. Entity Name
MCCANN MANAGEMENT CORP.



Principal Place of Business
**122 15TH AVE N UNIT 1
JACKSONVILLE, FL 32250**

Mailing Address
**122 15TH AVE N UNIT 1
JACKSONVILLE, FL 32250**

50010343

2. Principal Place of Business
135 2ND AVENUE N
Suite, Apt. #, etc.

3. Mailing Address
135 2ND AVENUE N
Suite, Apt. #, etc.



01032006 Chg-P CR2E034 (11/05)

3
City & State
JACKSONVILLE BEACH

3
City & State
JACKSONVILLE BEACH

4. FEI Number
20-1840720

Applied For
Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**M&W AGENTS INC
2101 CORPORATE BLVD SUITE 107
BOCA RATON, FL 33431-7343**

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

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 **P** ☐ Delete
NAME **MCCANN, MICHAEL T**
STREET ADDRESS **2311 OCEAN WALK DR. W.**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **S** ☐ Delete
NAME **MCCANN, RACHAEL**
STREET ADDRESS **2311 OCEAN WALK DR. W.**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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, with all other like empowered.

SIGNATURE:

Michael McCann

MICHAEL MCCANN

4-06-06

904-242-9195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #