

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90002 028 \*\*\*150.00

<b>DOCUMENT # P05000019795</b> 1. Entity Name <b>MCGARVEY &amp; AFFILIATES, INC.</b>					
Principal Place of Business <b>CATHEDRAL PLACE OFFICE BUILDING</b> <b>24 CATHEDRAL PLACE STE 309</b> <b>ST AUGUSTINE, FL 32084</b>			Mailing Address <b>CATHEDRAL PLACE OFFICE BUILDING</b> <b>24 CATHEDRAL PLACE STE 309</b> <b>ST AUGUSTINE, FL 32084</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>42-1360812</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MCGARVEY, JOHN H</b> <b>CATHEDRAL PLACE OFFICE BUILDING</b> <b>24 CATHEDRAL PLACE STE 309</b> <b>ST AUGUSTINE, FL 32084</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>John H. McGarvey</i></u> (NOTE: Registered Agent signature required when reinstating)      DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCGARVEY, JOHN H 24 CATHEDRAL PLACE STE 309 ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>John H. McGarvey</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>8-25-06</u> Daytime Phone #: <u>904-808-7254</u>	