

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90008 004 ***150.00

DOCUMENT # P05000020572

1. Entity Name

MCLAUGHLIN REALTY, INC.



Principal Place of Business
29 PRINCESS ROSE DR.
PALM COAST FL 32164

Mailing Address
29 PRINCESS ROSE DR.
PALM COAST FL 32164



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

29 PRINCESS ROSE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PALM COAST FL.

City & State

SAME

4. FEI Number 26-0136562

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D III
4 OLD KINGS RD. NORTH, SUITE B
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name NATHAN A. MCLAUGHLIN

Street Address (P.O. Box Number is Not Acceptable)

29 PRINCESS ROSE DR.

City PALM COAST

FL

Zip Code 32164

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]

NATHAN A. MCLAUGHLIN

2/26/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, NATE	
STREET ADDRESS	29 PRINCESS ROSE DR.	
CITY- ST- ZIP	PALM COAST FL 32164	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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: NATHAN A. MCLAUGHLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

386-503-1761

Daytime Phone #