

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028735

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF EDWARD MCBRIDE CORPORATION

**Current Principal Place of Business:**

806 CYPRESS LAKE CIRCLE  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2447  
FORT MYERS, FL 33902

**New Mailing Address:**

15880 SUMMERLIN RD. #300 PMB 147  
FORT MYERS, FL 33908

**FEI Number:** 65-1076612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAINES, JEAN  
806 CYPRESS LAKE CIRCLE  
FT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCBRIDE, EDWARD  
**Address:** 806 CYPRESS LAKE CIRCLE  
**City-St-Zip:** FT MYERS, FL 33919

**Title:** V  
**Name:** MCBRIDE, CINDY  
**Address:** 806 CYPRESS LAKE CIRCLE  
**City-St-Zip:** FT MYERS, FL 33919

**Title:** ST  
**Name:** GAINES, JEAN  
**Address:** 806 CYPRESS LAKE CIRCLE  
**City-St-Zip:** FT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** EDWARD MCBRIDE

MR

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date