

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


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

01-30-2006 90056 009 \*\*\*150.00

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01112006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000091383			
1. Entity Name MCCARTHY REALTY, INC.			
Principal Place of Business 4413 HARBOR BOULEVARD PORT CHARLOTTE, FL 33952		Mailing Address 4413 HARBOR BOULEVARD PORT CHARLOTTE, FL 33952	
2. Principal Place of Business 3089 Tamiami Trail		3. Mailing Address Same	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. Same	
City & State Port Charlotte FL		City & State FL	
Zip 33952		Country USA	
4. FEI Number 20-3059761		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MICHAEL M ESQ. 17801 MURDOCK CIRCLE SUTIE A PORT CHARLOTTE, FL 33948		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 _____ (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 <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	D GILBERT, GERRY 4413 HARBOR BOULEVARD PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Sec + Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ellen A. McCarthy 4413 Harbor Blvd. Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Austin T. McCarthy 4413 Harbor Blvd. Port Charlotte, FL 33952
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
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
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
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>Ellen A. McCarthy</u>		Date: <u>1-27-06</u> Daytime Phone #: <u>941 235-5648</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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