


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90029 008 \*\*\*150.00

<b>DOCUMENT # P05000091383</b>	
1. Entity Name <b>MCCARTHY REALTY, INC.</b>	

Principal Place of Business <b>B3089 TAMiami TRAIL B PORT CHARLOTTE, FL 33952</b>	Mailing Address <b>B3089 TAMiami TRAIL B PORT CHARLOTTE, FL 33952</b>
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2. Principal Place of Business - No P.O. Box # <b>1808 TAMiami TRAIL</b>	3. Mailing Address <b>1808 TAMiami TRAIL</b>
Suite, Apt. #, etc. <b>Suite D2-3</b>	Suite, Apt. #, etc. <b>Suite D2-3</b>
City & State <b>Port Charlotte, FL.</b>	City & State <b>Port Charlotte, FL.</b>
Zip <b>33948</b>	Country <b>Charlotte</b>

40008169



01282007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>WILSON, MICHAEL M ESQ. 17801 MURDOCK CIRCLE SUITE A PORT CHARLOTTE, FL 33948</b>	
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4. FEI Number <b>20-3059761</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name <b>Austin T. McCarthy</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4413 Harbor Blvd</b>	
City <b>Port Charlotte</b>	FL Zip Code <b>33952</b>

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 <b>Austin T. McCarthy</b>	<b>Austin T. McCarthy</b>	DATE <b>1/29/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MCCARTHY, ELLEN 4413 HARBOR BOULEVARD PORT CHARLOTTE, FL 33952</b> <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	<b>VP MCCARTHY, AUSTIN T 4413 HARBOR BLVD. PORT CHARLOTTE, FL 33952</b> <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
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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.	
<b>SIGNATURE: Austin T. McCarthy</b>	<b>Austin T. McCarthy</b> 1/29/07 941-766-1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	