

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000154093

1. Entity Name
MCGOWAN, LUCARELLI, AND QUINN, P.A.



Principal Place of Business
307 AIRPORT PULLING RD N
NAPLES, FL 34104-3519

Mailing Address
307 AIRPORT PULLING RD N
NAPLES, FL 34104-3519



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3828920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINN, JEFFREY C
307 AIRPORT PULLING RD N
NAPLES, FL 34104-3519

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME QUINN, JEFFREY C
STREET ADDRESS 307 AIRPORT PULLING RD. NORTH
CITY-ST-ZIP NAPLES, FL 341043519

TITLE S
NAME MCGOWAN, JOHN O
STREET ADDRESS 351 AIRPORT PULLING RD, NORTH
CITY-ST-ZIP NAPLES, FL 34104

TITLE T
NAME LUCARELLI, DOMENIC A
STREET ADDRESS 351 AIRPORT PULLING RD, NORTH
CITY-ST-ZIP NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000657593
03/15/07-80003-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey C. Quinn President 4/5/07

Date Daytime Phone #

1-239-643-6263