

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

04-18-2007 90151 008 ***158.75

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DOCUMENT # P06000002960 1. Entity Name ANNA MARIA MCGINTY, P.A.					
Principal Place of Business 3000 HOLIDAY DRIVE #506 FORT LAUDERDALE, FL 33316			Mailing Address 3000 HOLIDAY DRIVE #506 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02112007 Chg-P CR2E034 (12/06)					
4. FEI Number 41-2192695					Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒					\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCGINTY, ANNA M 3000 HOLIDAY DRIVE #506 FORT LAUDERDALE, FL 33316			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 re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Delete ANNA MARIA MCGINTY 3000 HOLIDAY DR, #506 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☐ Delete ANNA MARIA MCGINTY 3000 HOLIDAY DR, #506 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Delete ANNA MARIA MCGINTY 3000 HOLIDAY DR, #506 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Delete THOMAS J. MCGINTY, SR. 3000 HOLIDAY DR, #506 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Anna Maria McGinty, P.A.</u> ANNA MARIA MCGINTY, P.A. 1/31/2007 954-254-4113 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					