

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058066

FILED
Apr 16, 2009
Secretary of State

Entity Name: MCNAB & MCNAB OF VIERA, INC.

Current Principal Place of Business:

150 SHERIFF DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

PO BOX 459
PALATKA, FL 32178

New Mailing Address:

FEI Number: 20-4748267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAB, JAMES M JR.
5185 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNAB, JAMES M JR.
Address: 5185 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: MCNAB, JAMES M
Address: 20 RUE GRANDE MER
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: STANTON, MARK P
Address: 1305 ST JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MCNAB, KRISTEN
Address: 5185 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: HAMMOND, WADE
Address: 4530 CHARDONAY DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: STAGLIANO, JOSEPH
Address: 1328 ARTHUR COURT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M MCNAB JR

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date