2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058066

Entity Name: MCNAB & MCNAB OF VIERA, INC.

FILED Apr 27, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace Of Busiliess

150 SHERIFF DRIVE MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

PO BOX 459

PALATKA, FL 32178

FEI Number: 20-4748267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title:

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

Title: S

 Name:
 MCNAB, JAMES M

 Address:
 20 RUE GRANDE MER

 City-St-Zip:
 PALM COAST, FL 32137

Title: T

Name: STANTON, MARK P Address: 1305 ST JOHNS AVENUE City-St-Zip: PALATKA, FL 32177

Title: [

Name: MCNAB, KRISTEN

Address: 5185 SOUTH TROPICAL TRAIL City-St-Zip: MERRITT ISLAND, FL 32952

Title:

Name: HAMMOND, WADE
Address: 4530 CHARDONAY DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D

Name: STAGLIANO, JOSEPH Address: 1328 ARTHUR COURT City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: MARK P STANTON T 04/27/2011