

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90073 041 ***150.00

DOCUMENT # P06000089383

1. Entity Name

JEFFREY P. MCCLANATHAN, CPA, P.A.



Principal Place of Business

150 SECOND AVENUE NORTH
660
ST. PETERSBURG FL 33701

Mailing Address

150 SECOND AVENUE NORTH
660
ST. PETERSBURG FL 33701



2. Principal Place of Business - No P.O. Box #
150 Second Avenue North

3. Mailing Address
150 Second Avenue North

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

Suite 650

1st MOORE

CR2E034 (10/06)

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

4. FEI Number

51-0597563

Applied For

Not Applicable

Zip
33701

Country
USA

Zip
33701

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTIS, SEAN A
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MCCLANATHAN, JEFFREY P
150 SECOND AVENUE NORTH, SUITE 660
ST. PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
150 Second Avenue North, Suite 650

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

JEFFREY P. MCCLANATHAN, PRESIDENT 3/30/07 727-894-1040