FILED
Mar 18, 2008 8:00 am
Secretary of State

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03-06-2008 90044 040 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000035326

1. Entity Name
JAMES MICHAEL MCGHEE, P.A.

316 CHERRY ST # 28

66004212

Principal Place of Business
~~202 H. EAST BALDWIN ROAD~~
PANAMA CITY, FL ~~32405~~ US
32401

Mailing Address
~~202 H. EAST BALDWIN ROAD~~
PANAMA CITY, FL ~~32405~~ US
32401

02182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
316 Cherry St # 28
Suite, Apt. #, etc.

3. Mailing Address
316 Cherry St
Suite, Apt. #, etc.
28

City & State
Panama City FL
Zip 32401 Country BAY

City & State
Panama City FL
Zip 32401 Country Bay

4. FEI Number 20-8678739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401

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 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, 2008 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	PSD MCGHEE, JAMES M ~~202 H. EAST BALDWIN ROAD~~ 316 CHERRY ST # 28 PANAMA CITY, FL ~~32405~~ 32401 ☐ Delete	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 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] 2/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #