2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P11000000668

Entity Name: OWEN E. MCCAFFERTY, CPA, INC.

Current Principal Place of Business:

4230 PABLO PROFESSIONAL COURT
104
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4230 PABLO PROFESSIONAL COURT
104
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 34-1341273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCAFFERTY, OWEN E
12616 MARSH CREEK DRIVE
PONTE VEDRA BEACH, FL 32082 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

OFFICERS AND DIRECTORS:

Title: P
Name: MCCAFFERTY, OWEN E
Address: 12616 MARSH CREEK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: T
Name: BEACH, SUSAN E
Address: 30980 LORAIN ROAD
City-St-Zip: NORTH OLMSTED, OH 44070 US

Title: D
Name: MCCAFFERTY, MAURA K
Address: 816 BONAIRE CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: D
Name: MCCAFFERTY, BRIDGET C
Address: 816 BONAIRE CIRCLE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: D
Name: MCCAFFERTY, HUGH A
Address: 30009 SHADOW CREEK DRIVE
City-St-Zip: WESTLAKE, OH 44145 US

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: MAURA K. MCCAFFERTY D 02/02/2012

Electronic Signature of Signing Officer or Director — Date