2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90067 034 ***150.00

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DOCUMENT # P92000009240

1. Entity Name
MCNALLY INSTITUTE, INC.

Principal Place of Business	Mailing Address
1986 S BELCHER RD CLEARWATER, FL 33764 US	1986 S BELCHER RD CLEARWATER, FL 33764 US

01192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1637 SAND KEY EST. CT.		1637 SAND KEY EST CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLEARWATER, FL		City & State: CLEARWATER, FL	
Zip: 33767	Country: USA	Zip: 33767	Country: USA

4. FEI Number: 59-3156024 ☐ Applied For ☐ Not Applica

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

6. Name and Address of Current Registered Agent

MCNALLY, WILLIAM
1637 SAND KEY ESTATES CT
CLEARWATER, FL 33767

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 acc the obligations of registered agent.

SIGNATURE [signature] 1/19/06
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, 2006 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	P MCNALLY, WILLIAM J 1637 SAND KEYESTATES CT CLEARWATER, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 informatio 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 direct 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 1

[signature] 1/19/06 (727)595 7742