

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90418 011 \*\*\*150.00

**DOCUMENT # P93000060389**

1. Entity Name  
**JOHN MURNANE, INC.**



Principal Place of Business  
**800 CYPRESS POINTE DRIVE EAST  
PEMBROKE PINES, FL 33027**

Mailing Address  
**800 CYPRESS POINTE DRIVE EAST  
APT. 102  
PEMBROKE PINES, FL 33027**

40079701



04102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0434204**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHAKLER, HUGH S.  
1636 SW 148TH TERR  
PEMBROKE PINES, FL 33027**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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 MURNANE, JOHN J JR 800 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAKLER, HUGH S 1636 SW 148TH TERRACE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN 1020 PORT ORANGE COURT NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALBERT, PATRICIA ANN 2159 HARLAN'S RUN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURNANCE, JOHN 5733 DEAUVILLE CIRCLE APT G304 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURNANCE, GERALDINE 5733 DEAUVILLE CIRCLE G-304 NAPLES, FL

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN J. MURNANE**

**4/4/06**

**305-794-2337**

Date

Daytime Phone #