

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000060389

Entity Name: JOHN MURNANE, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

800 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0434204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURNANE, JOHN J JR
Address: 800 CYPRESS POINTE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: CHAKLER, HUGH S
Address: 1636 SW 148TH TERRACE
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: ROGERS, JOHN
Address: 1020 PORT ORANGE COURT
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: WALBERT, PATRICIA ANN
Address: 2159 HARLANS RUN
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MURNANCE, JOHN
Address: 5733 DEAUVILLE CIRCLE APT G304
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: MURNANCE, GERALDINE
Address: 5733 DEAUVILLE CIRCLE G-304
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J. MURNANE

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date