2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# P93000060389

Entity Name: JOHN MURNANE, INC.

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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
Name:	
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 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, JR. P 05/29/2008

Electronic Signature of Signing Officer or Director Date