


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000024052</b> 1. Entity Name <b>MCHALE PROPERTIES COMPANY OF SOUTH FLORIDA</b>	
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Principal Place of Business 1601 JACKSON ST. STE #200 FT. MYERS, FL 33901 US	Mailing Address 1601 JACKSON ST. STE #200 FT. MYERS, FL 33901 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCHALE, GERARD A JR  
1601 JACKSON ST., #200  
SUITE 310  
FT. MYERS, FL 33901

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MCHALE, MARILYN 1601 JACKSON ST. #200 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCHALE, GERARD A JR. 1601 JACKSON ST #200 FORT MYERS, FL 33901
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000000301928  
04/13/05-80051-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/14/05 239  
337-0808  
Daytime Phone #