

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053063

Entity Name: R. EMMETT MCTIGUE, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

1001 EAST LAS OLAS BLVD.
SUITE 200
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 030248
FT. LAUDERDALE, FL 33303

New Mailing Address:

FEI Number: 59-3336394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUTHILL, SARAH M
1001 E LAS OLAS BOULEVARD #200
SUITE 200
FORT LAUDERDALE, FL 33301 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: DC () Delete
Name: MCTIGUE, R E
Address: 1001 E LAS OLAS BOULEVARD #200
City-St-Zip: FT LAUDERDALE, FL 33301

Title: PS () Delete
Name: TUTHILL, SARAH M
Address: 1001 E LAS OLAS BOULEVARD #200
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SARAH MCTIGUE TUTHILL

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date