

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P96000038531

1. Entity Name
JAMES P. MCDONALD, P.A.



Principal Place of Business
**233 S FEDERAL HWY
STE 103
BOCA RATON, FL 33432**

Mailing Address
**233 S FEDERAL HWY
STE 103
BOCA RATON, FL 33432**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0668950	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, JAMES P
233 S FEDERAL HWY, STE 103
BOCA RATON, FL 33432**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000777287
01/10/08-80002-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MCDONALD, JAMES P
STREET ADDRESS	607 NE 17TH WAY
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304

TITLE	AT
NAME	BOZARTH, KENNETH E
STREET ADDRESS	607 NE 17TH WAY
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

JAMES P. MCDONALD

1/2/08 561-368-1212

Date

Daytime Phone #