

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 011 ***150.00

DOCUMENT # P96000082022

1. Entity Name

DONALD R. MCCLUNG, P.A.



Principal Place of Business

830 - 13 A1A NORTH, #113
PONTE VEDRA BEACH FL 32082

Mailing Address

10640 QUAIL RIDGE DRIVE
ST AUGUSTINE FL 32095



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10640 Quail Ridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra, FL

Zip

Country

Zip

Country

32081

4. FEI Number 59-3405923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLUNG, DONALD R
10640 QUAIL RIDGE DRIVE
ST AUGUSTINE FL 32095

Name

Street Address (P.O. Box Number is Not Acceptable)

10640 Quail Ridge Drive

City Ponte Vedra

FL

Zip Code 32081

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCCLUNG, DONALD R
STREET ADDRESS 10640 QUAIL RIDGE DRIVE
CITY ST ZIP ST AUGUSTINE FL 32095

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 10640 Quail Ridge Drive
CITY ST ZIP Ponte Vedra, FL 32081

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald R. McClung Donald R. McClung 2/6/07 (904)825-4381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #