


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90066 024 ***150.00

DOCUMENT # P96000104119 1. Entity Name THE MCDONAGH FAMILY OFFICE, INC.					
Principal Place of Business <i>R</i> 3033 RIVIEVA DR 107 NAPLES, FL 34103 US		Mailing Address <i>R</i> 3033 RIVIEVA DR 107 NAPLES, FL 34103 US			
2. Principal Place of Business <i>3033 Riviera</i>		3. Mailing Address <i>Riviera</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3436822	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RLW ASSOCIATES, LLC. 209 2ND ST. BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name <i>RLW Associates, LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>25335 Luci Drive</i> City <i>Bonita Springs</i> FL Zip Code <i>34135</i>		
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 <i>Robert L. White</i> DATE <i>2/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete MCDONAGH, THOMAS P LE PARC #1702, 4951 GULF SHORE BLVD N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete MCDONAGH, GLORIA S LE PARC #1702, 4951 GULF SHORE BLVD N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input type="checkbox"/> Delete HUJSA, HOWARD M 3001 TAMiami TRAIL N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input type="checkbox"/> Delete WHITE, ROBERT L 209 2ND ST. BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>25335 Luci Dr.</i> <i>Bonita Springs, FL 34135</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert L. White</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/15/05 (239) 495-7066 <small>Date Daytime Phone</small>		