

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000104119

1. Entity Name
THE MCDONAGH FAMILY OFFICE, INC.



Principal Place of Business
3033 RIVIERA DR
107
NAPLES, FL 34103 US

Mailing Address
3033 RIVIERA DR
107
NAPLES, FL 34103 US



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3436822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RLW ASSOCIATES, LLC.
25335 LUCI DRIVE
BONITA SPRINGS, FL 34135

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
MCDONAGH, THOMAS P
LE PARC #1702, 4951 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MCDONAGH, GLORIA S
LE PARC #1702, 4951 GULF SHORE BLVD N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASD
HUJSA, HOWARD M
3001 TAMiami TRAIL N
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASD
WHITE, ROBERT L
25335 LUCI DR
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000583904
01/12/07-80015-017 150.00

**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

1/8/07 (239) 495-7066
Date Daytime Phone #