

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000104119 1. Entity Name THE MCDONAGH FAMILY OFFICE, INC.	
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Principal Place of Business 3033 RIVIERA DR 107 NAPLES, FL 34103 US	Mailing Address 3033 RIVIERA DR 107 NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

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
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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
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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	

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01/10/08-80024-019 150.00

**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: Robert L White Ms Member RLW Assoc (Agent) 1/7/08 (239) 384-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #