## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000077722

FILED Apr 27, 2009 Secretary of State

**Entity Name:** MICHAEL MCGARRIGLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 201 SIXTH AVENUE INDIALANTIC, FL 32903 **Current Mailing Address: New Mailing Address:** P O BOX 361936 MELBOURNE, FL 32936 FEI Number: 59-3468360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGARRIGLE, LISA M MCGARRIGLE, MICHAEL 2246 WHISPER WIND CIRCLE 2246 WHISPEŔ WIND CIRCLE MELBOURNE, FL 32935 MELBOURNE, FL 32935 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. SIGNATURE: MICHAEL MCGARRIGLE 04/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCGARRIGLE, LISA M Name: Name: 2246 WHISPER WIND CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: MCGARRIGLE, MICHAEL Name: 2246 WHISPER WIND CIRCLE Address: Address: MELBOURNE, FL 32935 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCGARRIGLE 04/27/2009 Τ