

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTN: EULA  
c/s/ANBY ONLAP

DOCUMENT # P98000040632

1. Entity Name

JIM MC DADE ENTERPRISES, INC.



FILED

07 JUL -9 PM 2:20

Principal Place of Business

10552 ROXBURY LANE  
JACKSONVILLE FL 32257

Mailing Address

10552 ROXBURY LANE  
JACKSONVILLE FL 32257

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

59-3504683

4. FEI Number

59-3504693

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDAD, JAMES A III  
10552 ROXBURY LANE  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
MCDAD, JAMES A III  
10552 ROXBURY LANE  
JACKSONVILLE FL 32257 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
000106262240  
07/17/07--01026--016 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/70

Date

Daytime Phone #

Jim McDade  
Insurance Specialist

INDEPENDENT  
TO SERVE YOU BETTER

10552 Roxbury Lane • Jacksonville, Florida 32257 • 904-262-9494

June 20, 2007

Andy Dunlap  
Division of Corporations  
Annual Report Section  
P. O. Box 6850  
Tallahassee, FL 32314

Dear Mr. Dunlap:

On the advice of Eula (your phone representative) I am writing this letter concerning FEI # 59-3504683, based on three matters. First, (1) I don't believe we received a postal card telling of the due date of the payment May 1, 2007. Secondly, (2) I was hospitalized from April 17, 2007 until May 5, 2007. Third (3) Incorrect FEI # the correct number should be 59-350-4683.

If either reason complies with reasons for acceptance of a credit card payment of \$150.00, here is the information enclosed that you may use. ~~Credit card (Visa) #1111~~

Thank you for your help in this matter.



James A. McDade

ATTN:

MR. SEAN TONER

FL. DEPT. OF STATE, DIVISION OF CORPORATIONS

P. O. BOX 6327

TALLAHASSEE, FL.