

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000098943 1. Entity Name MCGRATH ASSOCIATES, INC.	
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Principal Place of Business 14449 PIMBERTON DRIVE HUDSON, FL 34667 US	Mailing Address 14449 PIMBERTON DRIVE HUDSON, FL 34667 US
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01052006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3611451	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCGRATH, JAMES R 14449 PIMBERTON DRIVE HUDSON, FL 34667

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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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PT MC GRATH, JAMES R 14449 PIMBERTON DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCGRATH, SHARON O 14449 PIMBERTON DRIVE HUDSON, FL 34667
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U000000459119 03/18/06-80018-002 158.75 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 life empowered.

SIGNATURE:  **James R. McGrath** **6 MAR 06 727-697-1256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #