

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90054 046 ***150.00

DOCUMENT # P99000107988

1. Entity Name
JOHN O. MCGOWAN & ASSOCIATES, P.A.



Principal Place of Business
351 AIRPORT ROAD NORTH
NAPLES, FL 34104 US

Mailing Address
351 AIRPORT ROAD NORTH
NAPLES, FL 34104 US

40068279



2. Principal Place of Business - No P.O. Box #
4100 Corporate Square
Suite, Apt. #, etc.
#153

3. Mailing Address
4100 Corporate Square
Suite, Apt. #, etc.
#153

04102008 Chg-P CR2E034 (12/06)

City & State
Naples, Florida
Zip
34104 Country
USA

City & State
Naples, Florida
Zip
34104 Country
USA

4. FEI Number
59-3618651
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGOWAN, JOHN O
351 AIRPORT ROAD NORTH
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name
John O. McGowan
Street Address (P.O. Box Number is Not Acceptable)
4100 Corporate Square, #153
City
Naples FL Zip Code
34104

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: John O. McGowan DATE: 4/10/08

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MCGOWAN, JOHN O	
STREET ADDRESS	351 AIRPORT ROAD NORTH	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGOWAN, JOHN W	
STREET ADDRESS	351 AIRPORT ROAD NORTH	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John O. McGowan	
STREET ADDRESS	4100 Corporate Square, #153	
CITY-ST-ZIP	NAPLES, FLORIDA 34104	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. McGowan	
STREET ADDRESS	4100 Corporate Square, #153	
CITY-ST-ZIP	Naples, FLORIDA 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John O. McGowan, President DATE: 4/10/08 (239) 403-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #