

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # S06082

1. Entity Name
JOSEPH D. MCFARLAND, P.A.



Principal Place of Business
**520 2ND AVENUE, SOUTH
ST.PETERSBURG, FL 33701**

Mailing Address
**520 2ND AVENUE, SOUTH
ST.PETERSBURG, FL 33701**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3046558 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MCFARLAND, JOSEPH D.
520 SECOND AVE SO
ST PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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**

U00000949273

06/03/08-80021-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | MCFARLAND, JOSEPH D. |
| STREET ADDRESS | 520 2ND AVENUE SO. |
| CITY- ST- ZIP | ST.PETERSBURG, FL |

| | |
|----------------|----------------------|
| TITLE | ST |
| NAME | MCFARLAND, JOSEPH D. |
| STREET ADDRESS | 520 2ND AVENUE SO. |
| CITY- ST- ZIP | ST.PETERSBURG, FL |

| | |
|----------------|----------------------|
| TITLE | VP |
| NAME | MCFARLAND, KERRI A |
| STREET ADDRESS | 520 2ND AVENUE SOUTH |
| CITY- ST- ZIP | ST PETERSBURG, FL |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

(727) 823-3957

Daytime Phone #