

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 520962

**Entity Name:** MCCLAIN, ALFONSO, MEEKER & DUNN, P.A.

**Current Principal Place of Business:**

37908 CHURCH AVENUE  
DADE CITY, FL 33525

**Current Mailing Address:**

P.O. BOX 4  
DADE CITY, FL 33526

**FEI Number:** 59-1711021

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALFONSO, NANCY M  
37908 CHURCH AVE  
DADE CITY, FL 33525 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name ALFONSO, NANCY M  
Address 14245 HALE RD  
City-State-Zip: DADE CITY FL 33523

Title VD  
Name ALFONSO, DENNIS J  
Address 14245 HALE RD.  
City-State-Zip: DADE CITY FL 33523

*I hereby 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 all other like empowered.*

**SIGNATURE:** NANCY M. ALFONSO

**PRESIDENT**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date