

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G52038

**Entity Name:** MCDONALD & OSBORNE, P.A.

**Current Principal Place of Business:**

9120 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

**Current Mailing Address:**

9120 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

**FEI Number:** 59-2312507

**Certificate of Status Desired:** No

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

MCDONALD, LARRY A  
9120 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 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 PD  
Name MCDONALD, LARRY A  
Address 17990 BONITA NATIONAL BLVD  
UNIT 2115  
City-State-Zip: BONITA SPRINGS FL 34135

Title VPD  
Name OSBORNE, LARRY D  
Address 5061 SYCAMORE DR  
City-State-Zip: NAPLES FL 34419

Title SECRETARY  
Name OSBORNE, STEPHEN D  
Address 442 PALM RIVER BLVD  
City-State-Zip: NAPLES FL 34110

Title TREASURER  
Name OSBORNE, TIMOTHY D  
Address 9571 LITCHFIELD LANE  
City-State-Zip: NAPLES FL 34109

*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:** LARRY A MCDONALD

PD

03/23/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date