


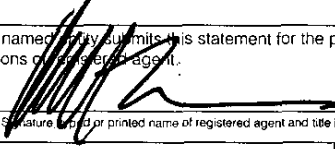
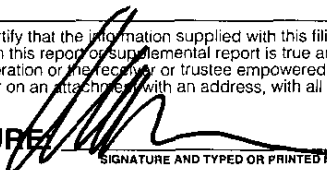
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90060 001 \*\*\*793.75

**66413338**



DOCUMENT # P02000127910					
1. Entity Name MCCREE GENERAL CONTRACTORS, INC.					
Principal Place of Business 500 E. PRINCETON STREET ORLANDO, FL 32803-1449			Mailing Address 500 E. PRINCETON STREET ORLANDO, FL 32803-1449		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3890104	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCREE, RICHARD T SR. 500 E. PRINCETON STREET ORLANDO, FL 32803-1449			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, the registered agent.					
SIGNATURE 		RICHARD T. MCCREE SR. 4/13/2004			
		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T SR.		NAME	McCree, Richard T Sr	
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREE, RICHARD T JR.		NAME	McCree, Richard T Jr	
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, ERIC		NAME	Dodson, Eric	
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDROP, MICHAEL		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES B		NAME		
STREET ADDRESS	500 E. PRINCETON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328031449		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		Richard T. McCree Sr. 4/13/2004			
		DATE			
		Daytime Phone #			