

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**66413341**



04132004 Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3890102**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MCCREE, RICHARD T SR**  
**500 E PRINCETON ST**  
**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 obligation of the 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T SR	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T JR	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, RICHARD L	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS F	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES B	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, JOE O	
STREET ADDRESS	500 E PRINCETON ST	
CITY-ST-ZIP	ORLANDO, FL 328031449	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCree, Richard T Sr.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCree, Richard T Jr.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaines, Richard L	
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		
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 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 registered agent 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #