


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90307 026 ***150.00

DOCUMENT # P99000034757			
1. Entity Name MACCONNELL AND ASSOCIATES, INC.			
Principal Place of Business 7201 SUNSET WAY ST. PETE BEACH, FL 33706		Mailing Address 7201 SUNSET WAY ST. PETE BEACH, FL 33706	
2. Principal Place of Business 1206 Robin Rd. S. Suite, Apt. #, etc.		3. Mailing Address 1206 Robin Rd. S. Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33707		Zip 33707	
Country		Country	
6. Name and Address of Current Registered Agent MACCONNELL, JOSEPH T 7201 SUNSET WAY ST. PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name MacConnell, Joseph T. Street Address (P.O. Box Number is Not Acceptable) 1206 Robin Rd. S. City St. Petersburg, FL Zip Code 33707	
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 <u>Joseph T. MacConnell (Pres.)</u> <u>Joseph T. MacConnell</u> 4-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MACCONNELL, JOSEPH T 7201 SUNSET WAY ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MacConnell, Joseph T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1206 Robin Rd. S. St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACCONNELL, JOANNE M 7201 SUNSET WAY ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MacConnell, Joanne M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1206 Robin Rd. S. St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph T. MacConnell / Joseph T. MacConnell / 4-26-04 /</u>		727-341-6454 Date Daytime Phone #	