


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 460839</b> 1. Entity Name <b>MAC MCKENDRICK, INC.</b>					
Principal Place of Business <b>2616 SOUTHERN OAKS PL PLANT CITY, FL 33566 US</b>			Mailing Address <b>2616 SOUTHERN OAKS PL PLANT CITY, FL 33566 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MCKENDRICK, E. G. 2616 SOUTHERN OAKS PLACE PLANT CITY, FL 33566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENDRICK, E. G. 2616 SOUTHERN OAKS PLACE PLANT CITY, FL 33567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUSSE, SHERI L. 4107 ELIOT PLACE PLANT CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCKENDRICK, SHARON E. 2616 SOUTHERN OAKS DRIVE PLANT CITY, FL 33567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>E. G. Mckendrick</i>		2/25/04		813/754-5944	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



01152004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1551400** Applied For Not Applicable

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

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03/01/04-80062-009 150.00