2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 604107

1. Entity Name
MCGHIN, CALHOUN AND SUNDEMAN, P.A.

Principal Place of Business	Mailing Address
100 ARRICOLA AVE. P.O. BOX 68 ST AUGUSTINE, FL 32085	100 ARRICOLA AVE. P.O. BOX 68 ST AUGUSTINE, FL 32080-4515

DO NOT WRITE IN THIS SPACE

02132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1434430
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALHOUN, EDWARD N.
100 ARRICOLA AVE.
ST. AUGUSTINE, FL 32080-4515

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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 _____ DATE
Signature required of named registered agent and the new agent (NOTE: Registered agent's signature required when reinstating)

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

U00000051500
02/15/04-80054-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME AND ADDRESS	CALHOUN, E. N. 100 ARRICOLA AVENUE ST AUGUSTINE, FL 320804515
TITLE	SD
NAME AND ADDRESS	SUNDEMAN JOHN 100 ARRICOLA AVENUE ST AUGUSTINE, FL 320804515
TITLE NAME AND ADDRESS	
TITLE NAME AND ADDRESS	
TITLE NAME AND ADDRESS	
TITLE NAME AND ADDRESS	

DO NOT WRITE IN THIS SPACE

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: Edward N Calhoun Edward N Calhoun 2-13-04 904 824-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #