

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90266 023 ***158.75



DOCUMENT # F03000006359

1. Entity Name

MCDONOUGH & CONROY, ARCHITECTS, P.C.

Principal Place of Business

3760 EXPRESSWAY DRIVE SOUTH, SUITE 20
 ISLANDIA NY 11749

Mailing Address

3760 EXPRESSWAY DRIVE SOUTH, SUITE 20
 ISLANDIA NY 11749

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 200

City & State

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3626789

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

TALIO, LISA
 3530 MOON BAY CIRCLE
 WELLINGTON FL 33414

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JAMES JR	
STREET ADDRESS	9 WEINMANN BLVD	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONROY, MICHAEL J	
STREET ADDRESS	51 MIDDLE ROAD	
CITY-ST-ZIP	BLUE POINT NY 11715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.04 631.491.6400

Date

Daytime Phone #