

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36481

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: MCCARTHY CONSTRUCTION, INC.

**Current Principal Place of Business:**

250 MILEHAM DRIVE  
ORLANDO, FL 328354453

**New Principal Place of Business:**

**Current Mailing Address:**

250 MILEHAM DRIVE  
ORLANDO, FL 328354453

**New Mailing Address:**

FEI Number: 59-2285038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCARTHY, TIMOTHY K  
250 MILEHAM DR.  
ORLANDO, FL 328354453 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCARTHY, TIMOTHY  
Address: 250 MILEHAM DR.  
City-St-Zip: ORLANDO, FL 32835 US

Title: SD ( ) Delete  
Name: MCCARTHY, LISA M.,  
Address: 250 MILEHAM DR.  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MCCARTHY

VP

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date