


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H37534

1. Entity Name
 MCARDLE AND ASSOCIATES, INC.



Principal Place of Business
 1355 WAR EAGLE BLVD
 TITUSVILLE, FL 32796

Mailing Address
 1355 WAR EAGLE BLVD
 1925 CRAWFORD AVE.
 TITUSVILLE, FL 32796

DO NOT WRITE IN THIS SPACE



06062004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2482033

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

MCARDLE, THOMAS J., II
 1355 WAR EAGLE BLVD
 TITUSVILLE, FL 32796

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MCARDLE, THOMAS J., II 1355 WAR EAGLE BLVD TITUSVILLE, FL 32796
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 06/14/04-80002-015 550.00

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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 fee empowered.

SIGNATURE: Thomas J. McCardle 6/10/04 321-269-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #