



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H38571</b>			
1. Entity Name MCCO., INC.			
Principal Place of Business 1625 W. MARION AVE. STE 6 PUNTA GORDA, FL 33950 US		Mailing Address P.O. BOX 511249 PUNTA GORDA, FL 33951-8249	
<b>DO NOT WRITE IN THIS SPACE</b>			
		05022005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2484608	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCQUEEN, PAULA F 1625 W. MARION AVE., SUITE 6 PUNTA GORDA, FL 33950		<b>DO NOT WRITE IN THIS SPACE</b>	
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) DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCQUEEN, ROBERT N. 26034 SHORE DRIVE PUNTA GORDA, FL 33950	000000358391 05/04/05-80111-010 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP MCQUEEN, PAULA F. 26034 SHORE DRIVE PUNTA GORDA, FL 33950		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: <u>Paula F. McQueen</u>		5/1/05	239-872-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #