

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90023 014 ***150.00

DOCUMENT # J06586	
1. Entity Name MCN GROUP, INC.	

Principal Place of Business 2500 1ST AVE N. ST. PETERSBURG, FL 33713-8702 US	Mailing Address 2500 1ST AVE N. ST. PETERSBURG, FL 33713-8702 US
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24005887



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-2703979	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCNAUGHTON, JOHN A JR 1400 22ND AVE NORTH ST. PETERSBURG, FL 33704

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAUGHTON, JOHN A JR 1400 22ND AVE N ST. PETERSBURG, FL 33704 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCNAUGHTON, SHAWN A 4700 6TH AVE NORTH SAINT PETERSBURG, FL 33713 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT/Treas DAWN FREED 1855 RIOGEWICK DR WICKLIFFE OH 44092 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: John McNaughton Pres 01/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-321-6783