


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

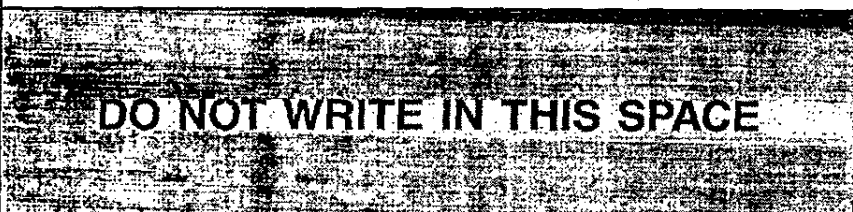
DOCUMENT # J06586

1. Entity Name
MCN GROUP, INC.



Principal Place of Business Mailing Address

2500 1ST AVE N. 2500 1ST AVE N.
 ST. PETERSBURG, FL 33713-8702 US ST. PETERSBURG, FL 33713-8702 US



01062005 No Chg-P CR2E034 (10/03)

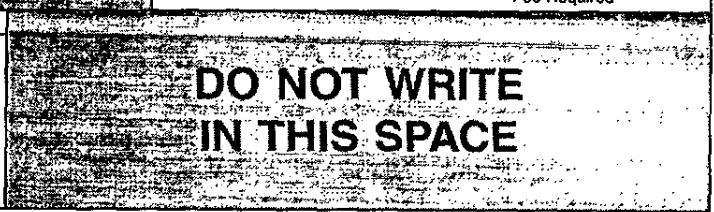
4. FEI Number Applied For

59-2703979 Not Applicable

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

6. Name and Address of Current Registered Agent

MCNAUGHTON, JOHN A JR
 1400 22ND AVE NORTH
 ST. PETERSBURG, FL 33704



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 retreating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1100000313058
 04/18/05-80107-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCNAUGHTON, JOHN A JR
STREET ADDRESS	1400 22ND AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33704
TITLE	V
NAME	MCNAUGHTON, SHAWN A
STREET ADDRESS	4700 6TH AVE NORTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 33713
TITLE	ST
NAME	FREED, DAWN
STREET ADDRESS	1855 RIDGEWICK DR.
CITY - ST - ZIP	WICKLIFFE, OH 44092
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: John McNaughton Pres Date 4/15/05 Daytime Phone # 727 321-6183

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