

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J36239

1. Entity Name
M. PETE MCNABB, INC.



Principal Place of Business
9415 TOWN CENTER PKWY
BRADENTON, FL 34202

Mailing Address
9415 TOWN CENTER PKWY
BRADENTON, FL 34202



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE# Number 59-2735509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNABB, M. PETE
9415 TOWN CENTER PKWY
SARASOTA, FL 34232

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNABB, M. PETE 9415 TOWN CENTER PKWY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GASTON, STEPHEN L 9415 TOWN CENTER PKWY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, DEREK J 9415 TOWN CENTER PKWY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JAMES, JANE A 9415 TOWN CENTER PKWY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOLLMER, DAWN P 9415 TOWN CENTER PKWY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80023-007 150.00

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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)(f), 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: [Signature] V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13-05
Date

941-907-6771
Daytime Phone #