

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90003 040 \*\*\*158.75

**DOCUMENT # J95654**

1. Entity Name

MCCOOL ENTERPRISES, INC.



Principal Place of Business

COMMERCIAL BLDG  
WHITE POND CIRCLE  
ALTA FL 32421  
US

Mailing Address

25513 NW WHITE POND CIRCLE  
ALTA FL 32421-2417  
US

34024161



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2846343

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOOL, EUGENE L  
WHITE POND CIR  
RR BOX 340B  
ALTA FL 32421

Name

MCCOOL EUGENE L

Street Address (P.O. Box Number is Not Acceptable)

25513 N.W. WHITE POND CR.

City

ALTA FL

FL

Zip Code  
32421

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	MCCOOL, EUGENE	
STREET ADDRESS	25513 NW WHITE POND CIRCLE	
CITY-ST-ZIP	ALTA FL 32421-2417	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCOOL, CAROL	
STREET ADDRESS	25513 NW WHITE POND CIRCLE	
CITY-ST-ZIP	ALTA FL 32421-2417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Eugene L. McCool* **EUGENE L. McCool** **MARCH 29, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-762-8189