

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT# K13652 1. Entity Name MCCORY ENTERPRISES, INC.	
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Principal Place of Business 3336 WESTFORD SARASOTA, FL 34231 US	Mailing Address PO BOX 5247 SARASOTA, FL 34277 US
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DO NOT WRITE IN THIS SPACE


01242005 NoChg-P CR2E034(10/03)
4. FEINumber **65-0026271** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCCORY, MURRY K.
3336 WESTFORD LN
SARASOTA, FL 34231**

**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 re-instating) 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	U00000200146 01/28/05-80016-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCORY, MURRY K. 3336 WESTFORD LN SARASOTA, FL 34231
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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)(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:  **MURRY K. MCCORY** **1-24-05** **941-320-0416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #