

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90013 015 \*\*\*158.75

**DOCUMENT # K90067**

1. Entity Name

**MCCRORY - LAKEWOOD, INC.**



Principal Place of Business

**605 E ROBINSON ST  
SUITE 620  
ORLANDO FL 32801  
US**

Mailing Address

**605 E ROBINSON ST  
SUITE 620  
ORLANDO FL 32801  
US**

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

**59-2952498**

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

**MAGUIRE, JR R F  
605 E ROBINSON ST  
SUITE 620  
ORLANDO FL 32801**

Name

**E. CORRY MAGUIRE**

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

**605 E. ROBINSON STREET**

**SUITE 620**

City

**ORLANDO**

**FL**

Zip Code  
**32801-2046**

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	PTD	<input type="checkbox"/> Delete
NAME	MCGILL, G W	
STREET ADDRESS	605 E ROBINSON ST, STE 620	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	MAGUIRE, JR R F	
STREET ADDRESS	605 E ROBINSON ST, STE 620	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DSD	<input type="checkbox"/> Delete
NAME	MCGILL, GEORGE W III	
STREET ADDRESS	3104 MILL TRACE LANE	
CITY-ST-ZIP	SANDY HOOK VA 23153	
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 checked="" type="checkbox"/> Addition
NAME	MAGUIRE, E. CORRY	
STREET ADDRESS	503 E. TOPAZ WAY	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14720 SHADOW WOOD STREET	
CITY-ST-ZIP	BRIGHTON, CO 80603	
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:

*[Signature]* 2-20-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT 1055  
(303) 412-2500