

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

0000000000, M64983

1. Entity Name  
MCGILL'S CUSTOM COUNTERTOPS, INC.



Principal Place of Business  
C/O DAVID MCGILL  
141 N. MYRTLE AVENUE  
JACKSONVILLE, FL 32204-1448

Mailing Address  
C/O DAVID MCGILL  
141 N. MYRTLE AVENUE  
JACKSONVILLE, FL 32204-1448



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**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2870602

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 00000000  
0000 000000

## 6. Name and Address of Current Registered Agent

MCGILL, DAVID  
141 N. MYRTLE AVENUE  
JACKSONVILLE, FL 32204

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 000000  
0000000000

U000000055764  
02/18/04-80017-014 150.00

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME MCGILL, DAVID  
STREET ADDRESS 141 N. MYRTLE AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: DAVID MCGILL

2-16-04

904-355-4387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #