


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M75150
 1. Entity Name
THE MCCORMICK AGENCY, INC.



Principal Place of Business Mailing Address
 7400 BAYMEADOWS WAY 7400 BAYMEADOWS WAY
 SUITE 205 SUITE 205
 JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE



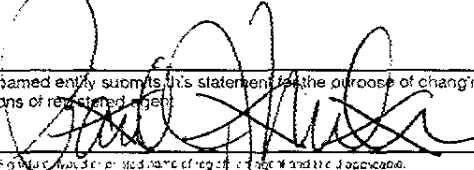
03222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2872591 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCCORMICK, PAUL J.
7400 BAYMEADOWS WAY, SUITE 205
JACKSONVILLE, FL 32256

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:  DATE: _____
Signature must be printed name of registered agent and the date above. NOTE: Registered Agent signature required when registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

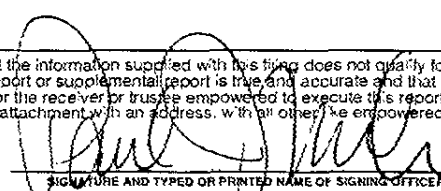
U00000105056
 04/07/04-80009-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MCCORMICK, PAUL J. 5243 RIVER PARK VILLAS DRIVE ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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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)(c), 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, I am empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 (904) 731-5988