


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90026 011 \*\*\*150.00

**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**

20026014



2. Principal Place of Business      3. Mailing Address

**2579 Oak Street**      **2579 Oak Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03282005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Jacksonville, FL**      **Jacksonville, FL**

4. FEI Number      Applied For

**59-2872591**      Not Applicable

Zip      Country      Zip      Country

**32204**      **U.S.A.**      **32204**      **U.S.A.**

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

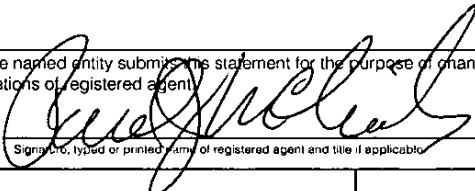
6. Name and Address of Current Registered Agent

**MCCORMICK, PAUL J.**  
**7400 BAYMEADOWS WAY, SUITE 205**  
**JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name: **McCormick, Paul J.**  
 Street Address (P.O. Box Number is Not Acceptable): **2579 Oak Street**  
 City: **Jacksonville**      FL      Zip Code: **32204**

8. The above named entity submits the 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: **3-28-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCORMICK, PAUL J.	
STREET ADDRESS	5243 RIVER PARK VILLAS DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL	
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		
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 reports 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:       DATE: **3-28-05**      Daytime Phone #: **(904) 388-2131**

Signature and typed or printed name of signing officer or director