2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2004 08:00 AM DOCUMENT # N93000001787 **Secretary of State** 1. Entity Name MCCLUSKY ENTERPRISES, INC. Mailing Address Principal Place of Business 110 LITHIA PINECREST RD 110 LITHIA PINECREST RD BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 4. FEI Number Applied For City & State City & State 59-3181989 Not Applicable Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS J. MCCLUSKY Street Address (P.O. Box Number is Not Acceptable) 110 LITHIA PINECREST RD SUITE B **BRANDON FL 33511** Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITLE 36818000000U MCCLUSKY, THOMAS J NAME 03/08/04-80158-019 61.25 4334 SWIFT CIRCLE STREET ADDRESS STREET ADDRESS VALRICO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MCCLUSKY, NANCY NAME NAME 4334 SWIFT CIRCLE STREET ADDRESS STREET ADDRESS VALRICO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE NORTHUP, KIMBERLY NAME NAME 4334 SWIFT CIRCLE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE MCCLUSKY, JOSEPH B NAME NAME 200 N 52ND AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCCLUSKY, ELIZABETH NAME NAME 200 N 52ND AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617. 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.

FILED