2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P00000003086** J.K. MACKEY AND ASSOCIATES, INC. Principal Place of Business Mailing Address 1324 CAMBRIDGE DRIVE 1324 CAMBRIDGE DRIVE VENICE, FL 34293 VENICE, FL 34293 No Chg-P CR2E034 (10/03) 03292004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0772888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinitating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME MACKEY, JAMES K 1324 CAMBRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 THE NAME UC00000114142 44/15/04-80037-018 150.00 STREET ADDRESS CATY - ST - ZMP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE MAKE STREET ADDRESS

12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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

CHY-ST-ZIP

ITILE

NAME

STREET ADDRESS

CHY-ST-ZIP

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISPOSED

1/13/04 941-223-5734 Dayloro Prone 8

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