


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000014551	
1. Entity Name MCVAY-WOOD & ASSOCIATES, INC.	

Principal Place of Business 1925 BARTOW RD. LAKELAND, FL 33801	Mailing Address 1925 BARTOW RD. LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3623596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

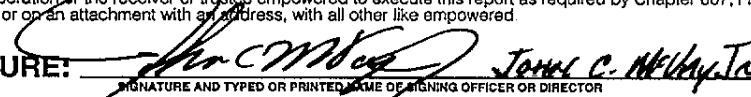
6. Name and Address of Current Registered Agent MCVAY, JOHN C JR 1925 BARTOW RD. LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  1-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000183645 01/19/05-80077-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCVAY, JOHN C JR
STREET ADDRESS	370 SWEETNRIAR LN.
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	D
NAME	WOOD, DENNIS
STREET ADDRESS	395 ADAMS RD.
CITY - ST - ZIP	AUBURNDAL, FL 33823
TITLE	D
NAME	PETERSON, STEPHEN J
STREET ADDRESS	4204 LAKE MARIANA DR. N.W.
CITY - ST - ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	HOCKENSMITH, WILLIAM R
STREET ADDRESS	157 OAK SQUARE S.
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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 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:  1-14-05 863-686-0544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>