## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

MIGL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # P00000045926 1. Entity Name MCGLYNN FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business ONE CASTLE HILL WAY ONE CASTLE HILL WAY STUART, FL 34996-6508 STUART, FL 34996-6508 03222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1005979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCGLYNN, TIMOTHY W ONE CASTLE HILL WAY IN THIS SPACE STUART, FL 34996-6508 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000121963 04/21/04-80009-025 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS in comp TITLE MCGLYNN, TIMOTHY W NAME STREET ADDRESS ONE CASTLE HILL WAY STUART, FL 349966508 CITY-ST-ZIP TITLE NAME STREET ASIDRESS CITY-ST-ZIP RITLE NAME STREET ADDRESS DO NOT WRITE CUTY-ST-71P TITLE MASSF STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-78P 12. I hereby certify that the information supplied with this filling 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

**FILED**