2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # P00000083647** 1. Entity Name DAVID L. MACKAY ATTORNEY, P.A. Principal Place of Business Mailing Address P.O. BOX 206 2801 S.W. COLLEGE ROAD OCALA, FL 34478 STF. 9 OCALA, FL 34474 No Chg-P 01202004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3669185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACKAY, DAVID L DO NOT WRITE 2801 SW COLLEGE ROAD STE 9 OCALA, FL 34474 IN THIS SPACE 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 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. TITLE MACKAY, DAVID L NAME 2801 SW COLLEGE ROAD STE 9 STREET ADDRESS 11600000044497 OCALA, FL 34474 CITY-ST-ZIP 02/11/04-80022-014 150.00 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

February 5, 2004 (352) 237-3800

FILED