


**'2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000100675 1. Entity Name MCEVOY ENTERPRISES, INC.		
Principal Place of Business 230-A EDGEWOOD AVE S SUITE A JACKSONVILLE, FL 32254	Mailing Address 1471 LAKEWOOD DR JACKSONVILLE, FL 32259	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent MCEVOY, MORRIS F III 1471 LAKEWOOD DR JACKSONVILLE, FL 32259		DO NOT WRITE IN THIS SPACE
2. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCEVOY, MORRIS F III 1471 LAKEWOOD DR JACKSONVILLE, FL 32259	
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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: <u>Morris F. McEvoy III</u> <u>7/3/04</u> <u>904-707-1093</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3490773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/07/04-80024-014 150.00

**DO NOT WRITE
IN THIS SPACE**