


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 031 ***150.00

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| DOCUMENT # P00000102709 |  |
| 1. Entity Name JOHN MCVEY CO. | |

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| Principal Place of Business 3315 SW MCMULLEN ST PORT ST LUCIE FL 34953 | Mailing Address 3315 SW MCMULLEN ST PORT ST LUCIE FL 34953 |
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|---|---|
| 2. Principal Place of Business 2841 NW 91 AV. | 3. Mailing Address 2841 N.W. 91 AV. |
| Suite, Apt. #, etc. APT. # 101 | Suite, Apt. #, etc. APT. # 101 |
| City & State CORAL SPRINGS, FL | City & State CORAL SPRINGS, FL |
| Zip 33065 Country U.S. | Zip 33065 Country U.S. |



1st MOORE CR2E034 (10/04)

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| 4. FEI Number 65-1058271 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MCVEY, JOHN E 3315 SW MCMULLEN ST PORT SAINT LUCIE FL 34953 | 7. Name and Address of New Registered Agent Name MCVEY, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 2841 N.W. 91 AVE. APT. # 101 City CORAL SPRINGS, FL Zip Code 33065 |
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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.

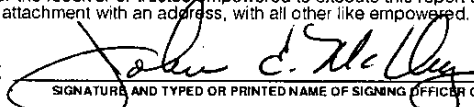
SIGNATURE  DATE **2/10/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCVEY, JOHN E 1002 B PATTY AVE SEVIERVILLE TN 37862 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCVEY, JOHN E. 2841 N.W. 91 AVE. APT. #101 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCVEY, JOHN E 3315 SW MCMULLEN ST PORT ST LUCIE FL 34953 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **JOHN E. McVEY** **2/10/05 (954) 227-3396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #