

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000009805

**FILED**  
**Apr 06, 2007**  
**Secretary of State**

**Entity Name:** MCCORD CAPITAL MANAGEMENT, INC.

**Current Principal Place of Business:**

35331 HEARTLAND DRIVE  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

35331 HEARTLAND DRIVE  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 59-3694888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA PA  
343 ALMERIA AVE.  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT ( ) Delete  
**Name:** MCCORD, MICHAEL C  
**Address:** 35331 HEARTLAND DRIVE  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** DVS (X) Delete  
**Name:** MCCORD, JENNIFER M  
**Address:** 35331 HEARTLAND DRIVE  
**City-St-Zip:** DADE CITY, FL 33523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DPTS (X) Change ( ) Addition  
**Name:** MCCORD, MICHAEL C  
**Address:** 35331 HEARTLAND DRIVE  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL MCCORD

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04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date