



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90178 027 ***150.00

DOCUMENT # P01000051464 1. Entity Name MCARDLE TIMBER ENTERPRISES, INC.					
Principal Place of Business 2198 PRINCETON STREET SARASOTA, FL 34237			Mailing Address 2198 PRINCETON STREET SARASOTA, FL 34237		
2. Principal Place of Business 4360 Cooper Lane Suite, Apt. #, etc.		3. Mailing Address 4360 Cooper Lane Suite, Apt. #, etc.			
City & State Holt, FL		City & State Holt, FL		4. FEI Number 59-3722155	
Zip 32564		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, G. PETER 2198 PRINCETON STREET SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Michael S. McDuffie Street Address (P.O. Box Number is Not Acceptable) 797 North Pearl Street City Crestview FL Zip Code 32536	
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 <i>Michael S. McDuffie</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/30/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete MCARDLE, SHEAMUS 2198 PRINCETON STREET SARASOTA, FL 34237		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sheamus McArdle 4360 Cooper Lane Holt, FL 32564	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete HARRIS, G. PETER 3502 WILKINSON WOODS DRIVE SARASOTA, FL		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	
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	
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	
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 employment.					
SIGNATURE: <i>FOR SHEAMUS MCARDLE</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/04 (850) 682-4357 Date Daytime Phone #		