

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90074 009 ***150.00

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1. Entity Name

MAC DADDYS' INTERNATIONAL IRISH PUB, INC.



Principal Place of Business

11024 STATE ROAD 52
HUDSON, FL 34669

Mailing Address

11024 STATE ROAD 52
HUDSON, FL 34669

24026642



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3731260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, THOMAS M
11024 STATE ROAD 52
HUDSON, FL 34669

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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 THOMAS M. MCGUIRE, PRES. T. M. McGuire 3-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCGUIRE, THOMAS M
STREET ADDRESS 11024 STATE ROAD 52
CITY-ST-ZIP HUDSON, FL 34669

TITLE D
NAME MABIN, ALEXANDER III
STREET ADDRESS 11024 STATE ROAD 52
CITY-ST-ZIP HUDSON, FL 34669

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IN THIS SPACE**

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: T. M. McGuire THOMAS M. McGuire 3-18-04 (727) 856-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #