




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000037032</b>		
1. Entity Name <b>MCM CONSTRUCTION, INC.</b>		
Principal Place of Business <b>2937-6 CRESCENT DR., UNIT #6 TALLAHASSEE, FL 32301</b>		Mailing Address <b>2937-6 CRESCENT DR., UNIT #6 TALLAHASSEE, FL 32301</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01142004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>36-4494075</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MCNAMARA, MICHAEL C 9336 BUCK HAVEN TRAIL TALLAHASSEE, FL 32312</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	MCNAMARA, MICHAEL C	
STREET ADDRESS	9336 BUCK HAVEN TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-04 Date Daytime Phone #