


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90209 038 ***150.00

DOCUMENT # P02000039998	
1. Entity Name RANDY D. MCGILL, INC.	

Principal Place of Business 7899 MUD LAKE ROAD MACLENNY, FL 32063 5680 Crosswinds Ct St. Augustine, FL 32092	Mailing Address 7899 MUD LAKE ROAD MACLENNY, FL 32063 5680 Crosswinds Ct St. Augustine, FL 32092
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02070413



2. Principal Place of Business 5680 Crosswinds Ct. Suite, Apt. #, etc.	3. Mailing Address 5680 Crosswinds Ct. Suite, Apt. #, etc.
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04202004 Chg-P CR2E034 (10/03)

City & State St. Augustine, Florida	City & State St. Augustine, Florida
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4. FEI Number 01-0679523	Applied For <input type="checkbox"/> Not Applicable
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Zip 32092	Country USA	Zip 32092	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent SLOTT, ARNOLD H C/O SLOTT & BAKER 334 EAST DUVAL STREET JACKSONVILLE, FL	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 re-issuing) DATE: _____

FILE NOW IN 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
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D MCGILL, RANDY D
STREET ADDRESS	7899 MUD LAKE ROAD 5680 Crosswinds Ct.
CITY - ST - ZIP	MACLENNY, FL 32063 St. Augustine, FL 32092
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, P, S, T
STREET ADDRESS	5680 Crosswinds Ct.
CITY - ST - ZIP	St. Augustine, FL 32092
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **RANDY D. MCGILL** (904) 284-4949

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