2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054990

Entity Name: MCCORKHILL TRANSPORTATION, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1941 MONTEREY DRIVE DELTONA, FL 32738

Current Mailing Address: New Mailing Address:

1941 MONTEREY DRIVE DELTONA, FL 32738

PSD

FEI Number: 88-0483149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCCORKHILL, MICHAEL R MCCORKHILL, MICHAEL R 4658 TIFFANY WOODS CIRCLE 1941 MONTEREY DR. OVIEDO, FL 327657570 US DELTONA, FL 327387753 US

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: 03/22/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete MCCORKHILL, MICHAEL R Name: Name: 4658 TIFFANY WOODS CIR. Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

Title: VTD () Delete Title: () Change () Addition

Name: MCCORKHILL, GRACIE Name: 4658 TIFFANY WOODS CIR. Address: Address: OVIEDO, FL 32765 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 R. MCCORKHILL **PSD** 03/22/2004