2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P02000062902

Entity Name: MCGS, INC.

Current Principal Place of Business:

2223 OAK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

4114 SUNBEAM RD.
BUILDING 200
JACKSONVILLE, FL 32257

Current Mailing Address:

2223 OAK STREET
JACKSONVILLE, FL 32204

New Mailing Address:

4114 SUNBEAM ROAD
BUILDING 200
JACKSONVILLE, FL 32257

FEI Number: 55-0792751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIVENS, RICHARD C
3750 NORTH RIDE DR
JACKSONVILLE, FL 32223

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCRARY, MARC D
Address: 2756 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: GIVENS, ROBE4RT W
Address: 3635 EEWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: GIVENS, RICHARD C
Address: 3750 NORTH RIDE DR.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GIVENS, ROBERT W
Address: 3635 LEEWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBERT W. GIVENS D 04/28/2004

Electronic Signature of Signing Officer or Director — Date