2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2004 8:00 am Secretary of State

							Secre	ai v	UI O	iaic	
DOCUMENT # P02000081485 1. Entity Name MCCRORY HOLDING COMPANY							02-18-2004	•			
Principal Place of Business Mailing Address							L	41112	. 2.14		
		-				Praging.					
ORLANDO, F	NSON ST, STE 620		605 E ROBINSON ST, STE 620 Orlando, Fl 32801					-			
5.12.11.25,12 5255.							Trib mbii bbiir bbiik bbiir		######################################		
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			02042004	Chg-P	CR2F0	34 (10/03)		
City & State		City & State								alled Fac	
City & State		City & State			4. FEI Number Applied F 59-0595330 Not Applie			t Applicable			
Zip	Country	Zip	Coun	try		5. Certificate o	f Status Desired		\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		<u> </u>	· <u>.</u>	7. Name and A	Address of New Ro				
•				Name	-				3		
LAUTERIA, LOUIS H					Street Address (P.O. Box Number is Not Acceptable)						
605 E ROBINSON ST, STE 620 ORLANDO, FL 32801						10.20% (14.1100)		, 			
				City					Zip Code		
				<u> </u>				FL	•		
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
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 11.						ADDITIONS (C	HANGES TO OFFI	CEBS AND	DIDECTOR	2 INI 11	
TITLE	D OTTICERS AND E	Delete	TITLE	:	ъ	ADDITIONS/C	HANGES TO OFFI	CERS AND	Change	Addition	
NAME	MAGUIRE, RAYMER F JR	Doloto	NAME		D		CORDY		C Grange		
STREET ADDRESS	605 E ROBINSON ST, STE 620		STRE	ET ADDRESS	MAG	UIRE, E.	CUKKY MAV	^			
CITY-ST-ZIP	ORLANDO, FL 32801		спу-	-ST-ZIP	ŎŘĽ.	E. ŤOPAZ ANDO, FL	32806				
TITLE	Delete		TITLE	:					Change	☐ Addition	
NAME	MCGILL, GEORGE W JR		NAME STREE								
STREET ADDRESS	605 E ROBINSON ST, STE 620										
CITY-ST-ZIP	ORLANDO, FL 32801		CITY	-ST-ZIP							
TITLE	.D	. 🗀 Delete .	TITLE		-		of the second		Change	Addition	
NAME	HENDERSON, REBECCA M		NAME	4							
STREET ADDRESS	3554 WHITE OAK CT			ET ADDRESS							
CITY-ST-ZIP	LAKE WALES, FL 33853			-ST-ZIP							
TITLE NAME	D MCGILL, GEORGE W III	Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS	3104 MILL TRACE LANE		STREET ADDRESS								
CITY-ST-ZIP				-ST-ZIP							
TITLE	D Delete Ti		TITLE						Change	☐ Addition	
NAME	JACOBS, ELIZABETH T		NAME								
STREET ADDRESS	i de la companya de			ET ADDRESS							
CITY-ST-ZIP			-	-ST-ZIP							
NAME	Delete - C.		TITLE NAME			9***			☐ Change	Addition	
STREET ADDRESS	39030 HARBOR WAY	-		ET ADDRESS	- · · · ·	***					
CITY-ST-ZIP	EUSTIS, FL 32736	·== .		-ST-ZIP	• • • • • • • • • • • • • • • • • • • •			: -			
12. I hereby o	certify that the information supplied with t	his filing does not qualify for th	e exer	mption state	ed in Sec	ction 119.07(3)(i).	Florida Statutes. I	further cert	ify that the in	formation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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											

Daytime Phone #