

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90059 016 \*\*\*158.75

**DOCUMENT # P02000081485**

1. Entity Name  
**MCCRORY HOLDING COMPANY**



Principal Place of Business  
**605 E ROBINSON ST, STE 620  
ORLANDO, FL 32801-2046**

Mailing Address  
**605 E ROBINSON ST, STE 620  
ORLANDO, FL 32801-2046**

**50006463**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-0595330**

Applied For  
Not Applicable

Zip  
**32801-2046**

Country

Zip  
**32801-2046**

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUTERIA, LOUIS H  
605 E ROBINSON ST, STE 620  
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code  
**32801-2046**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ VP ☐ Delete  
NAME **MAGUIRE, E. CORRY**  
STREET ADDRESS **503 E. TOPAZ WAY**  
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☐ Change ☒ Addition  
NAME **LOUIS H. LAUTERIA**  
STREET ADDRESS **746 TERRACE BOULEVARD**  
CITY-ST-ZIP **ORLANDO, FL 32803-3219**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCGILL, GEORGE W JR**  
CITY-ST-ZIP **605 E ROBINSON ST, STE 620  
ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **29030 HARBOR WAY**  
CITY-ST-ZIP **EUSTIS, FL 32736**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HENDERSON, REBECCA M**  
CITY-ST-ZIP **3554 WHITE OAK CT  
LAKE WALES, FL 33853**

TITLE ☒ Change ☐ Addition  
NAME **ST**  
STREET ADDRESS **33853-8554**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCGILL, GEORGE W III**  
CITY-ST-ZIP **3104 MILL TRACE LANE  
SANDY HOOK, VA 23153**

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **14720 SHADOW WOOD STREET**  
CITY-ST-ZIP **BRIGHTON, CO 80603**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JACOBS, ELIZABETH T**  
CITY-ST-ZIP **215 E MAXWELL ST  
LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCGILL, PAMELA S**  
CITY-ST-ZIP **39030 HARBOR WAY  
EUSTIS, FL 32736**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*George W. McGill III* 1-18-05 303-801-4027