


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000084259</b> 1. Entity Name MCM CONSULTING SERVICES, INC.	
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Principal Place of Business 1721 MORGAN MILL CIR ORLANDO, FL 32825	Mailing Address 1721 MORGAN MILL CIR ORLANDO, FL 32825
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<b>DO NOT WRITE IN THIS SPACE</b>
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03052003 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2057220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCGOWAN, JOHN P 1721 MORGAN MILL CIR ORLANDO, FL 32825
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOWAN, JOHN P 1721 MORGAN MILL CIR ORLANDO, FL 32825
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>John P. McGowan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/12/04</u> Daytime Phone # <u>321-231-9928</u>