

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90060 001 ***793.75

66413338



04132004 Chg-P CR2E034 (10/03)

4. FEI Number
22-3890104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCREE, RICHARD T SR.
500 E. PRINCETON STREET
ORLANDO, FL 32803-1449

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named party 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, the registered agent.

SIGNATURE

[Signature]

RICHARD T. MCCREE SR. **4/13/2004**

Signature and 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T SR.	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T JR.	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, ERIC	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDROP, MICHAEL	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES B	
STREET ADDRESS	500 E. PRINCETON STREET	
CITY-ST-ZIP	ORLANDO, FL 328031449	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCree, Richard T Sr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCree, Richard T Sr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dodson, ERIC	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

Richard T. McCree Sr. **4/13/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #