


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90547 025 ***150.00

DOCUMENT # P03000025526 1. Entity Name MCALPIN GROUP, INC.																													
Principal Place of Business 25 W. CEDAR ST., SUITE 313 PENSACOLA, FL 32502			Mailing Address P. O. BOX 111 PENSACOLA, FL 32591																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent MCALPIN, RICHARD R 25 W. CEDAR ST., SUITE 313 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D MCALPIN, RICHARD R</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2200 E. MALLORY ST.</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2">PENSACOLA, FL 32503</td> </tr> </table>			TITLE	D MCALPIN, RICHARD R	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	2200 E. MALLORY ST.		CITY- ST- ZIP	PENSACOLA, FL 32503		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">25 W. Cedar St.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">Pensacola FL 32502</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	25 W. Cedar St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	Pensacola FL 32502		CITY- ST- ZIP		
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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)(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: <u>ROD R Mcap</u> 4/22/04 (850) 432-1090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													