- 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000098745** 1. Entity Name 08-26-2004 90002 049 ***150.00 JOHN EDMUND MCCARTHY, INC. Mailing Address Principal Place of Business 106 A CANAL BOULEVARD 106 A CANAL BOULEVARD **みひしひひひか** PONTE VEDRA BEACH, FL 32082 US PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address 183 Landrum lane Landrum ane Suite, Apt. #, etc. Suite, Apt. #, etc. 08132004 Chq-P CR2E034 (10/03) Suit 201 Suite 201 Applied For -City & State City & State 4. FEI Number Ponte Vedra Beach, FL 24-919 163 Ve DRA Not Applicable Yente Country Country ZΙρ \$8.75 Additional 5. Certificate of Status Desired 32082 32082 20409 γ OH η S 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DHN E. MCCARTHY, MARGARITA F Street Address (P.O. Box Number is Not Acceptable) 106 A CANAL BOULEVARD andrum PONTE VEDRA BEACH, FL 32082 Zip Code <u> Зеасн</u> 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 Apent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., thè Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE E-P Change ☐ Addition TITLE ☐ Delete Mc CARTHY, JOHN MCCARTHY, JOHN E NAME NAME 183 Landkum Lane STREET ADDRESS STREET ADDRESS 106 A CANAL BOULEVARD 3*208*2 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH, FL. 32082 Delete ■ Addition TITLE Change TITLE NAME MCCARTHY, MARGARITA F NAME STREET ADDRESS 106 A CANAL BOULEVARD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

FILED