


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90097 016 ***150.00

DOCUMENT # P03000134163					
1. Entity Name THE MCBRIDE GROUP CORP					
Principal Place of Business 3117 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119			Mailing Address 3117 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119		
2. Principal Place of Business 125 Peninsula Winds Dr. Suite, Apt. #, etc.			3. Mailing Address 125 Peninsula Winds Dr. Suite, Apt. #, etc.		
City & State Ormond Beach FL			City & State Ormond Beach, FL		
Zip 32176		Country Volusia		Zip 32176	
Country Volusia		4. FEI Number 20-0611281			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCBRIDE, MELVIN R 3117 SOUTH RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 125 Peninsula Winds Dr. City Ormond Beach FL Zip Code 32176		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCBRIDE, MELVIN R 3117 S. RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 Peninsula Winds Dr. Ormond Beach FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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