

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/18/

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90008 010 \*\*\*150.00

**DOCUMENT # P03000141982**

1. Entity Name  
**PETER MCMAHON, INC.**



Principal Place of Business  
**120 S. MOSS ROAD  
WINTER SPRINGS, FL 32708**

Mailing Address  
**120 S. MOSS ROAD  
WINTER SPRINGS, FL 32708**

60100000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08102004 Chg-P CR2E034 (10/03)

4. FEI Number

**200455840**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCMAHON, PETER  
120 S. MOSS ROAD  
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name **MCMAHON, PETER**

Street Address (P.O. Box Number is Not Acceptable)  
**120 S. MOSS ROAD**

City **WINTER SPRINGS FL 32708**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME **PSTD** ☐ Delete  
STREET ADDRESS **MCMAHON, PETER**  
CITY-ST-ZIP **120 S. MOSS ROAD  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **C Douglas Hulseapple** ☐ Change ☒ Addition  
STREET ADDRESS **1240 S.E. Cornell dr**  
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

**PETER MCMAHON** 8/01/04 (417) 383-8642