


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90318 023 ***150.00

DOCUMENT # P03000145784	
1. Entity Name JOHN MCCANN FENCING, INC.	

Principal Place of Business 5355 BURGESS AVE COCOA, FL 32927	Mailing Address 5355 BURGESS AVE COCOA, FL 32927
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04040370



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152004 Chg-P CR2E034 (10/03)

4. FEI Number 33-1076506	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCANN, JOHN 5355 BURGESS AVE COCOA, FL 32927		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 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 <u>John A. McCann</u>	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, JOHN 5355 BURGESS AVE COCOA, FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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>John A. McCann</u>	DATE: <u>4/15/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <u>795-6962</u>

ELECTION TO BE EXEMPT

(CONSTRUCTION INDUSTRY ONLY)

lease use this application to apply for a re-issuance of an active construction industry exemption under the new law effective 01-01-2004. **THERE IS NO FEE OR CHARGE FOR RE-ISSUANCE OF AN EXEMPTION.**

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Certain documentation is required by law to be attached to this application. Please refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

SECTION 1: APPLICANT INFORMATION

Name of Applicant: <u>JOHN McCANN</u>		Social Security #: <u>256-39-7337</u>	Current Exemption Expiration Date: _____	
Mailing Address: <u>5355 BURGESS AV</u>		City: <u>COCOA</u>	State: <u>FL</u>	Zip: <u>32927</u>
County: <u>BREVARD</u>	Phone #: <u>(321) 633-5471</u>	Scope of Business or Trade: Please List your primary business or trade. This Exemption is applicable only to the trade or business listed: <u>FENCE INSTALLER</u>		

SECTION 2: CORPORATE INFORMATION

Name of Corporation: <u>JOHN MC CANN FENCING INC.</u>
Corporation Registration Number: <u>P03000145784</u> FEIN: <u>33-1076506</u>

SECTION 3: LICENSES

Certified or Registered Licenses held by the applicant pursuant to Chapter 489, F.S. _____

SECTION 4: AFFILIATED CORPORATIONS (attached an additional sheet if needed)

1. Corporate Name: _____	FEIN: _____	DOC Number: _____
2. Corporate Name: _____	FEIN: _____	DOC Number: _____
3. Corporate Name: _____	FEIN: _____	DOC Number: _____
4. Corporate Name: _____	FEIN: _____	DOC Number: _____
5. Corporate Name: _____	FEIN: _____	DOC Number: _____

SECTION 5: DOCUMENTATION REQUIRED TO BE ATTACHED TO THIS APPLICATION

1. A stock certificate evidencing at least 10 percent ownership of the corporation
2. A copy of the relevant occupational license issued in the primary jurisdiction of the business

AFFIDAVIT OF APPLICANT: Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree. I hereby certify that the information contained herein is true and correct.

JOHN McCANN
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

John McCann
APPLICANT'S SIGNATURE

11.24.03
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF BREVARD

Sworn to and subscribed before me this 24 day of NOV 2003 by JOHN MC CANN

Personally Known X OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Domenic H. Calicchia My Commission Expires _____

Workers' Compensation Information Online - <http://www.fldfs.com/DWC/>



Domenic H. Calicchia
Commission # CC 987129
Expires Jan. 26, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

CERTIFICATE

Five Hundred Shares
 Issued to John McCann
 Dated December 4th, 2003

From whom transferred

Received Certificate No. 54046378
 for Shares
 on

Dated

No Original Certificate	No of Original Shares	No of Shares Transferred
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1

ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

500

JOHN MCCANN FENCING, INC.

500 Shares Common Stock, \$1.00 Par Value

This Certifies that

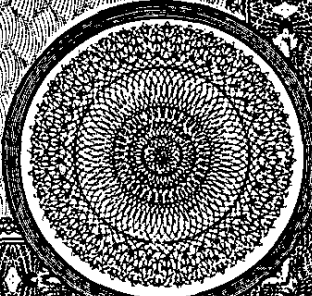
is hereby issued and non-assessable Shares of the Capital Stock of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

John McCann

fully paid

Five Hundred

Given Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its corporate seal to be hereunto affixed this 4th day of December, 2003.



SECRETARY

John A. McCann
 PRESIDENT

attachment

54046378

2003-2004		BREVARD COUNTY		009B51046		ROD NORTH CUTT, Tax Collector, Brevard County, Titusville, Florida 32780	
OCCUPATIONAL LICENSE		SUBJECT TO COUNTY ZONING RESTRICTIONS		ACCOUNT NUMBER		EXPIRES SEPTEMBER 30, 2004	
LICENSE PERIOD OCTOBER 1, 2003 - SEPTEMBER 30, 2004				ISSUED PURSUANT AND SUBJECT TO FLORIDA STATUTES AND BREVARD COUNTY ORDINANCES. ISSUANCE DOES NOT CERTIFY COMPLIANCE WITH ZONING OR OTHER LAWS. THIS LICENSE MUST BE POSTED CONSPICUOUSLY IN PLACE OF BUSINESS.			
LICENSE SHOULD BE DISPLAYED ON PREMISES				STATUTE			
THE PERSON(S), OR ENTITY BELOW:				DESCRIPTION		AMOUNT	
JOHN A MCCANN				30260 FENCE CONTRACTOR		35.25	
5355 BURGESS AVENUE				82004 2003 - 2004 LICENSE AMT.		8.81	
COCOA				89325 2003 - 2004 PENALTY (25%)			
FL							
IS LICENSED AS INDICATED FOR							
THE FOLLOWING LOCATION:							
4640 HARBOR CITY BLVD N							
UNINCORP DIST 4							
AMOUNT DUE ON THIS TRANSACTION: \$						44.06	
OWNED BY:							
JOHN A MCCANN							
INDIVIDUAL OWNER							
UPON A CHANGE OF OWNERSHIP OR LOCATION,							
LICENSE SHOULD BE TRANSFERRED WITHIN 30 DAYS. NOTIFY TAX COLLECTOR UPON CLOSING OF BUSINESS.							

01/27/2004 09:52am 0535 0005-0164
Cash Report: 040127-01 01/27/2004 BH5077
UH525080
Bill Code: 11 Account: 009B51046
\$44.06

Attachment

W/m

NOTICE OF ELECTION TO BE EXEMPT

54046378
#PO 3000145784

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	
RECEIVED	

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: _____)

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☒ Corporate Officer (your corp. title: PRES)

JAN 30 2004
OR-
Compliance Unit
Orlando, FL 32801

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): _____

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>JOHN McCANN FENCING, INC.</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>5355 BURGESS AV</u>		City: <u>BOCOA</u>	State: <u>FL</u>
Country: <u>BREVARD</u>	Phone No.: <u>(321) 633 5471</u>	Nature of Business: <u>FENCING</u>	FEIN:
Unemployment Compensation Tax No:	Date Business Established: <u>1986</u>	No. of Employees: <u>1</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

John McCann
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

256-391-7337
SOCIAL SECURITY NO. mo. day yr.

John McCann
APPLICANT'S SIGNATURE
NOTARY STATE OF FLORIDA, COUNTY OF BREVARD

1124103
DATE SIGNED

S-worn to and subscribed before me this 24 day of Nov. 2003 by John McCann

Personally Known ☒ OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Domenic H. Calicchia My Commission Expires _____



Domenic H. Calicchia
Commission # CC-987129
Expires Jan. 26, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

(SEE REVERSE FOR ADDITIONAL INFORMATION)