


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 010 ***150.00

DOCUMENT # P04000038750					
1. Entity Name MCGLONE, INC.					
Principal Place of Business 4420 W LAWN AVE TAMPA, FL 33611			Mailing Address 4420 W LAWN AVE TAMPA, FL 33611		
2. Principal Place of Business 4302 W. Jetton Ave Suite, Apt. #, etc.		3. Mailing Address 4302 W. Jetton Ave Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 41-2129297	
Zip 33629		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGLONE, JAMES 4420 W LAWN AVE TAMPA, FL 33611			7. Name and Address of New Registered Agent Name: MCGlone, James Street Address (P.O. Box Number is Not Acceptable): 4302 W. Jetton Ave City: Tampa FL Zip Code: 33629		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	PD MCGLONE, JAMES 4420 W LAWN AVE TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGlone, James 4302 W. Jetton Ave. Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGlone, James 4302 W. Jetton Ave. Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGlone, James 4302 W. Jetton Ave. Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGlone, James 4302 W. Jetton Ave. Tampa, FL 33629	<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>James A. McGlone</u> / JAMES A. MCGlone 4-24-05 (813) 842-0720 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					