

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000012003 1. Entity Name MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A.	
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Principal Place of Business 2400 SE FEDERAL HWY 4TH FLOOR STUART, FL 34994 US	Mailing Address 2400 SE FEDERAL HWY 4TH FLOOR STUART, FL 34994 US
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0374285	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUMMERS, ROBERT P. 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34996
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**DO NOT WRITE
IN THIS SPACE**

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.

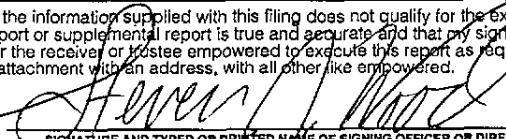
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, TERENCE P. 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERS, ROBERT P 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOBKO, NOEL 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEVEN, PERRY L 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP WOOD, STEVEN 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP SAWYER, THOMAS 2400 SE FEDERAL HWY FOURTH FLOOR STUART, FL 34994

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 03/19/04 (772) 286- Daytime Phone #
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