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.

Principal Place of Business	Mailing Address
2400 SE FEDERAL HWY 4TH FLOOR STUART, FL 34994 US	2400 SE FEDERAL HWY 4TH FLOOR STUART, FL 34994 US

03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0374285
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERS, ROBERT P.
2400 SE FEDERAL HWY
FOURTH FLOOR
STUART, FL 34996

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCARTHY, TERENCE P.
STREET ADDRESS	2400 SE FEDERAL HWY FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	SUMMERS, ROBERT P
STREET ADDRESS	2400 SE FEDERAL HWY FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994
TITLE	V
NAME	BOBKO, NOEL
STREET ADDRESS	2400 SE FEDERAL HWY FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994
TITLE	SVP
NAME	STEVEN, PERRY L
STREET ADDRESS	2400 SE FEDERAL HWY FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994
TITLE	TVP
NAME	WOOD, STEVEN
STREET ADDRESS	2400 SE FEDERAL HWY FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994
TITLE	ASVP
NAME	SAWYER, THOMAS
STREET ADDRESS	2400 SE FEDERAL HWY FOURTH FLOOR
CITY-ST-ZIP	STUART, FL 34994

U00000093123
03/22/04-80005-013 150.00

DO NOT WRITE 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)(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: Steven J. Wood 03/19/04 (772) 286-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #