


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90187 023 ***150.00

DOCUMENT # P92000015528 1. Entity Name MCGHEE-JONES, INC.																																																																																																																													
Principal Place of Business 1322 BOWMAN ST CLERMONT FL 34712			Mailing Address 1322 BOWMAN ST CLERMONT FL 34711																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip	Country	Zip	Country	4. FEI Number 59-3147140 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)																																																																																																																									
6. Name and Address of Current Registered Agent JONES NICK ARTHUR 1322 BOWMAN ST CLERMONT FL 34711				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PC</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, NICK A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1322 BOWMAN ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, BETTY SUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1322 BOWMAN ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT FL 34711</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGHEE, JAMES O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 CAROLINE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FREDERICKSBURG VA 22401</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PC	<input type="checkbox"/> Delete	NAME	JONES, NICK A		STREET ADDRESS	1322 BOWMAN ST		CITY-ST-ZIP	CLERMONT FL		TITLE	ST	<input type="checkbox"/> Delete	NAME	JONES, BETTY SUE		STREET ADDRESS	1322 BOWMAN ST		CITY-ST-ZIP	CLERMONT FL 34711		TITLE	VP	<input type="checkbox"/> Delete	NAME	MCGHEE, JAMES O		STREET ADDRESS	600 CAROLINE STREET		CITY-ST-ZIP	FREDERICKSBURG VA 22401		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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				4-26-04 (352) 394-4700 Date Daytime Phone #																																																																																																																									