

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 045 ***150.00

DOCUMENT # P93000012357

1. Entity Name
MCVEY CREATIVE GROUP, INC.



Principal Place of Business **4905 34th St. S.** Mailing Address **4905 34th St. South**
~~4321 COLUMBUS WAY S~~ ~~4321 COLUMBUS WAY S~~
~~SAINT PETERSBURG, FL 33712~~ ~~SAINT PETERSBURG, FL 33712~~

24068285



DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3158535** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCVEY, MARK
~~4321 COLUMBUS WAY SOUTH~~ **4905 34th St. South**
~~SAINT PETERSBURG, FL 33712~~ **33711**

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MCVEY, MARK**
STREET ADDRESS ~~4321 COLUMBUS WAY S~~ **4905 34th St. South**
CITY-ST-ZIP ~~SAINT PETERSBURG, FL 33712~~ **33711**

TITLE **S**
NAME **MCVEY, MANDY**
STREET ADDRESS ~~4321 COLUMBUS S~~ **4905 34th St. South**
CITY-ST-ZIP ~~SAINT PETERSBURG, FL 33712~~ **33711**

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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

4/28/04 727-821-5444
Date Daytime Phone #