2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000020672

1. Entity Name
MCAFEE, MCVEIGH & SMITH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
50 A1A N. STE#108 PONTE VEDRA BEACH, FL 32082	50A1A NORTH SUITE 108 PONTE VEDRA BEACH, FL 32082 US

03032004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0395755
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, SUZANNE W
SUZANNE WORRALL GREEN, P.A.
105B SOLANA RD.
PONTE VEDRA BEACH, FL 32082

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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

U00000082343
03/09/04-80026-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCAFEE, ROBERT
STREET ADDRESS	2705 GRAND AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	MCAFEE, ANN
STREET ADDRESS	2705 GRAND AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	SMITH, MICHELE
STREET ADDRESS	1103 SALT CREEK DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	MCVEIGH, EILEEN
STREET ADDRESS	5138 OTTER CREEK
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michele R Smith 3/4/04 904-285-5640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #