

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000015368

1. Entity Name
MCCO COMMUNICATIONS, INC.



| | |
|---|---|
| Principal Place of Business 315 BREVARD AVENUE SUITE 5 COCOA, FL 32922 US | Mailing Address 315 BREVARD AVENUE SUITE 5 COCOA, FL 32922 US |
|---|---|



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3307860 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

**MCCOIG, RALPH
 1025 ROCKLEDGE DR., APT 212
 ROCKLEDGE, FL 32955**

DO NOT WRITE IN THIS SPACE

9. 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: *Ralph McCoig* DATE: 4/8/04

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**

U00000112325
 04/14/04 80010 010 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOIG, RALPH 1025 ROCKLEDGE DR., APT 212 ROCKLEDGE, FL 32955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LLEVA, EDITH 1025 ROCKLEDGE DR., APT 212 ROCKLEDGE, FL 32955 |
| 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)(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: *Ralph McCoig / President* DATE: 4/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR