


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2004 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P95000034889</b>                                    |  |
| 1. Entity Name<br><b>TOTAL COMMUNICATION CONCEPTS GROUP, INC.</b> |   |

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| Principal Place of Business<br><b>9201 BROOKWOOD COURT<br/>SUITE 6<br/>BONITA SPRINGS, FL 34134 US</b> | Mailing Address<br><b>9201 BROOKWOOD COURT<br/>SUITE 6<br/>BONITA SPRINGS, FL 34134 US</b> |
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01092004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br><b>65-0588240</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD<br/>343 ALMERIA AVENUE<br/>CORAL GABLES, FL 33134</b> |
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7. 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) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCKELVEY, GARY L<br>9201 BROOKWOOD COURT, SUITE 6<br>BONITA SPRINGS, FL 34134   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTD<br>MCKELVEY, JACK W<br>9201 BROOKWOOD COURT, SUITE 6<br>BONITA SPRINGS, FL 34134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/13/04-80043-008 158.75

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:**

*Jack W. McKelvey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 239-947-5247

Date Daytime Phone #