


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90074 005 ***150.00

DOCUMENT # P95000090996	
1. Entity Name MCCLURE HOLDINGS, INC.	

Principal Place of Business 530 FIFTH AVENUE DRIVE WEST PALMETTO, FL 34221	Mailing Address 530 FIFTH AVENUE DRIVE WEST PALMETTO, FL 34221
--	--

94052746

2. Principal Place of Business 502 6th Ave W	3. Mailing Address P.O. Box 936
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04072004 Chg-P CR2E034 (10/03)

City & State Palmetto FL	City & State Palmetto FL
Zip 34221	Country U.S.A.

4. FEI Number 59-3348341	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent DURYEY, DUANE 530 FIFTH AVE DR W PALMETTO, FL 34221	7. Name and Address of New Registered Agent Name Duane Duryea Street Address (P.O. Box Number is Not Acceptable) 502 6th Ave W City Palmetto FL Zip Code 34221
--	---

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 *Duane Duryea* DUANE DURYEA

4/7/04

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, DANIEL P 530 FIFTH AVE. DRIVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4820 Riverview Blvd W Bradenton FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, SCOTT L 530 FIFTH AVE. DRIVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1215 51st St W Bradenton FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, CORRIANE A 530 FIFTH AVE. DRIVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4820 Riverview Blvd W Bradenton FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, DANIEL C 530 FIFTH AVE. DRIVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 6th Ave W. Palmetto FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, MARY A 530 FIFTH AVE. DRIVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4820 Riverview Blvd W Bradenton FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURYEY, DUANE 530 FIFTH AVE. DRIVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 6th Ave W Palmetto FL 34221

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: *Dan P. McClure* Dan P. McClure

4/7/04 (941) 722-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #