


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90072 036 \*\*\*158.75

**DOCUMENT # P96000056335**

1. Entity Name  
**JEFFREY ALLEN MCCANN, P.A.**



Principal Place of Business <del>200 EAST GOVERNMENT ST</del> <del>SUITE 130</del> <del>PENSACOLA, FL 32501 US</del>	Mailing Address <del>200 EAST GOVERNMENT ST</del> <del>SUITE 130</del> <del>PENSACOLA, FL 32501 US</del>
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2. Principal Place of Business <b>508 East Government St.</b> Suite, Apt. #, etc. <b>Pensacola, FL</b>	3. Mailing Address <b>508 East Government St.</b> Suite, Apt. #, etc.
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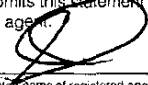
City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>	4. FEI Number <b>59-3387238</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32502</b>	Country <b>US</b>	Zip <b>32502</b>	Country <b>US</b>



07082004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCANN, JEFFREY A</b> <del>200 EAST GOVERNMENT ST</del> <del>SUITE 130</del> <del>PENSACOLA, FL 32501</del>	7. Name and Address of New Registered Agent Name <b>MCCann, Jeffrey A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>508 East Government St.</b> City <b>Pensacola</b> FL Zip Code <b>32502</b>

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.

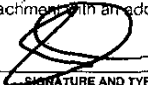
SIGNATURE  DATE **7/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCANN, JEFFREY A		NAME Jeffrey A. McCann	
STREET ADDRESS <del>200 EAST GOVERNMENT ST, STE 130</del>		STREET ADDRESS 508 East Government St.	
CITY-ST-ZIP <del>PENSACOLA, FL 32501</del>		CITY-ST-ZIP Pensacola, FL 32502	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Jeffrey A. McCann** DATE **7/8/04** (850) 436-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #