



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90003 035 ***150.00

DOCUMENT # P96000068298 1. Entity Name JOY MCCANN GENERAL PARTNER, INC.					
Principal Place of Business 3225 S MACDILL AVENUE SUITE 111 TAMPA, FL 33629 US			Mailing Address 3225 S MACDILL AVE., STE 129 PMB #253 TAMPA, FL 33629 US		
2. Principal Place of Business 1700 S. MacDill Ave Suite, Apt. #, etc. Suite 360		3. Mailing Address 1700 S. MacDill Ave Suite, Apt. #, etc. Suite 360			
City & State Tampa, Florida		City & State Tampa, Florida		01262004 Chg-P CR2E034 (10/03)	
Zip 33629		Country US		4. FEI Number 59-3395048	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRYN, MARK J ONE BISCAYNE TOWER, SUITE 2680 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	ST LYNCH, SCOTT 3225 S MACDILL AVE., STE 129 PMB #253 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, AS, AT Lynch, Scott 1700 S. MacDill Ave, Suite 360- Tampa, Florida 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURCELL, THOMAS K 3225 S MACDILL AVE., STE 129 PMB #253 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purcell, Thomas K 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB CULVERHOUSE, JOY 3301 BAYSHORE BLVD SUITE 2401 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, COB, P Culverhouse, Joy McCann 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, T Bolano, Andres 134 Madiara Avenue Coral Gables, Florida 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bryn, Mark J. 2 S. Biscayne Blvd., Ste 2680 Miami, Florida 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daugherty, Robert M. Jr. 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Joy McCann Culverhouse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Joy McCann Culverhouse 1-30-04 813 Date Daytime Phone #		