



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000097442 1. Entity Name MCMAHON COURT REPORTING, INC.			
Principal Place of Business 2104 S. CYPRESS BEND 208 POMPAN0 BEACH, FL 33069 US		Mailing Address 2104 S. CYPRESS BEND 208 POMPAN0 BEACH, FL 33069 US	
DO NOT WRITE IN THIS SPACE			
		 04212004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0711343	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMAHON, ROSEANN 2104 CYPRESS BEND DRIVE SOUTH #208 POMPAN0 BEACH, FL 33069		DO NOT WRITE IN THIS SPACE	
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 <u>No Changes n/a</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 000000130001 04/26/04-80099-024 150.00			
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCMAHON, ROSEANN 2108 CYPRESS BEND DRIVE SOUTH POMPAN0 BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCMAHON, ROSEANN 2108 CYPRESS BEND DRIVE SOUTH POMPAN0 BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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)(), 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: <u>RoseAnn McMahon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/04 954-234-7224 Date Daytime Phone #	