SENT BY: ; 4078295720; APR

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Secretary of State
04-07-2004 90004 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000039384

1. Entity Name
MCAULIFF, INC.

Principal Place of Business
156 PEREGRINE COURT
WINTER SPIRNGS, FL 32708

Mailing Address
156 PEREGRINE COURT
WINTER SPIRNGS, FL 32708

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 647 Randy Lane
Suite, Apt. #, etc
City & State: Winter Park FL
Zip: 32789 Country: Orange

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3492452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCAULIFF, TODD
156 PEREGRINE COURT
WINTER SPIRNGS, FL 32708

7. Name and Address of New Registered Agent
Name: McAuliff Todd
Street Address (P.O. Box Number is Not Acceptable): 647 Randy Lane
City: Winter Park FL Zip Code: 32789

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 ______________________
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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCAULIFF, TODD 156 PEREGRINE COURT WINTER SPIRNGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Todd McAuliff 4-1-04 321-303-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR