2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State
07-26-2004 90005 039 ***150.00

DOCUMENT # P97000081874

1. Entity Name
MCCOY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
9200 OAK ISLAND LN CLERMONT, FL 34711	P O BOX 616382 ORLANDO, FL 32861-6382 US

07202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		11936 Monte Vista Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Clermont, FL	
Zip	Country	Zip: 34711	Country: USA

4. FEI Number: 59-3474791 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACK, MARY L 8233 ROSEGROVE ROAD ORLANDO, FL 32818	Name: Mary Mack Street Address (P.O. Box Number is Not Acceptable): 11936 Monte Vista Road City: Clermont FL Zip Code: 34711

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: Mary L. Mack DATE: 7-21-04

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, ANTHONY B 8233 ROSEGROVE ROAD ORLANDO, FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony B. McCoy 9200 Oak Island Lane Clermont, FL 34711 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jodie J. McCoy 9200 Oak Island Lane Clermont, FL 34711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Anthony B. McCoy Anthony B. McCoy 7-21-04 352-636-6391

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