

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022607

FILED
Apr 29, 2004
Secretary of State

Entity Name: MCVICKER ECLECTIC COMPANY

Current Principal Place of Business:

5320 31ST AVENUE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

C/O DBSPA
4215 MILLER DRIVE
ST. PETE BEACH, FL 337062650 US

New Mailing Address:

FEI Number: 59-3496954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILMAN, DEREK BRETT PA
4215 MILLER DRIVE
ST. PETE BEACH, FL 33707

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: MCVICKER, LISA M
Address: 5320 31ST AVENUE, SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: V () Delete
Name: LEVY, JOSEPH P
Address: 5320 31ST AVENUE, SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: MCVICKER, LISA M
Address: 5320 31ST AVENUE, SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. MCVICKER

DPTS

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date