

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032986

FILED
Jan 08, 2004
Secretary of State

Entity Name: GARY MCCORMICK & ASSOCIATES, INC.

Current Principal Place of Business:

6570 BELLINGHAM ST
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

6570 BELLINGHAM ST
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3504309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, GARY D
1413 HOMEPORT DRIVE
NAVARRE BEACH, FL 32566 US

Name and Address of New Registered Agent:

MCCORMICK, GARY D
6570 BELLILNGHAM ST.
NAVARRE, FL 32566 US

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: GARY D. MCCORMICK

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MENDELSON, JOANNE
Address: 913 HENCKLEY DR
City-St-Zip: MOBILE, AL 36609

Title: P () Delete
Name: MCCORMICK, GARY
Address: 1413 HOMEPORT DRIVE
City-St-Zip: NAVARRE BEACH, FL 32566

Title: S () Delete
Name: HAUPERT, LYNDA
Address: 1413 HOMEPORT DR
City-St-Zip: GULF BREEZE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: MCCORMICK, GARY D
Address: 6570 BELLINGHAM ST.
City-St-Zip: NAVARRE, FL 32566

Title: S (X) Change () Addition
Name: HAUPERT, LYNDA
Address: 6570 BELLINGHAM ST.
City-St-Zip: NAVARRE, FL 32566

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: GARY D. MCCORMICK

PRES

01/08/2004

Electronic Signature of Signing Officer or Director

Date