


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000097735
 1. Entity Name
 MCDONALD & RODGERS, P.A.



Principal Place of Business: 7906 BRIDGESTONE DRIVE, ORLANDO, FL 32835
 Mailing Address: 7906 BRIDGESTONE DRIVE, ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3543187
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 RODGERS, JAMEY S
 3941 EMERALD ESTATES CIRCLE
 APOPKA, FL 32703

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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

1000000087078
 03/12/04-80049-005 75.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDONALD, MARYBETH
STREET ADDRESS	7906 BRIDGESTONE DR.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	RODGERS, JAMEY S
STREET ADDRESS	3941 EMERALD ESTATES CIRCLE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowers.

SIGNATURE: *Marybeth McDonald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/4/04 Telephone: 407.540.0014