2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074558

FILED Jan 24, 2004 Secretary of State

Entity Name: MCCOY CARE INC. **Current Principal Place of Business: New Principal Place of Business:** 1934 N DONNELLY STREET MT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 1934 N DONNELLY STREET MT DORA, FL 32757 US FEI Number: 59-3592657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCOY, BRIAN CASEY MCCOY, BRIAN CASEY 1934 N. DONNELLY ST. 31 COVÉ LANE EUSTIS, FL 32726 MT. DORA, FL 32757 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: 01/24/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCCOY, BRIAN C Name: Name: 31 COVE LN Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: () Delete Title: ٧S Title: () Change () Addition MCCOY, KIMBERLY D Name: Name: 31 COVE LN Address: Address: EUSTIS, FL 32726 City-St-Zip: 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: BRIAN CASEY MCCOY PT 01/24/2004