2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # V59852** 1. Entity Name 04-12-2004 90334 037 ***150.00 MCPETE: INC. 15 July 1 Principal Place of Business Mailing Address 201 TRANQUILITY COVE 201 TRANQUILITY COVE 14001404 #220 #220 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 US 2. Principal Place of Bysiness 39144 Harbor H:18 Blue 3. Mailing Address 39144 Harbor Hills Blue Suite, Apt. #, etc. Suite Ant # etc. 04072004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Lake FL. la<u>d</u> <u>59-3</u>141942 Lady Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32159 32159 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mc Donald SAME MCDONALD, SANDRA Street Address (P.O. Box Number is Not Acceptable) 201 TRANQUILITY COVE #220 Blod. ALTAMONTE SPRINGS, FL 32701 39144 Harbor Hills Zip Code 3 2 / 5 9 Lake 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ŊΡ TITLE M Change ☐ Delete TITLE Peter McDona NAME NAME MCDONALD, PETER Hills Blud. 34144 STREET ADDRESS 201 TRANQUILITY COVE #220 STREET ADDRESS 32159 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 Lady CITY-ST-ZIP Lake Change **VPST** ☐ Addition TITLE ☐ Delete TITLE UPST Sandra MCDONALD, SANDRA NAME me Donald NAME H:lls STREET ADDRESS 201 TRANQUILITY COVE #220 STREET ADDRESS ar bor 32159 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 352-753-7539 Sandra Sandu SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #