


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P35583
 1. Entity Name
 CHARLES F. MCAFEE, FAIA, NOMA, PA



Principal Place of Business
 2600 NORTH GROVE STREET
 WICHITA, KS 67219

Mailing Address
 2600 NORTH GROVE STREET
 WICHITA, KS 67219

DO NOT WRITE IN THIS SPACE



03272003 No Chg-P CR2E034 (10/03)

4. FEI Number 48-0919289	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JAMES, C. SHA'RON ESQ
 660 EAST JACKSON STREET
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MCAFEE, CHARLES F. 16 CRESTVIEW LAKE ESTATE WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCAFEE, CHERYL L. 210 LAKELAND CIRCLE FAYETTEVILLE, GA 30215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CHARYL F MCAFEE-DUNCAN 2014 PORTSMOUTH DR RICHARDSON, TX 75082
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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 06/09/04-80001-017 158.75

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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)(f), 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 empowered.

SIGNATURE:  **Charles F. McAfee** **June 2, 2004 316-686-2138**
Signature of Signing Officer or Director Date Daytime Phone #