


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000073365
1. Entity Name
M. C. PLOTT, INC.



Principal Place of Business Mailing Address
**166 BOUGAINVILLEA ST NE
LAKE PLACID, FL 33852** **166 BOUGAINVILLEA ST NE
LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0869902 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent
**PLOTT, MARY C
166 BOUGAINVILLEA ST NE
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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: *Mary C Plott* DATE: **4-24-06**

Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOTT, MARY C 166 BOUGAINVILLEA ST NE LAKE PLACID, FL 33852
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05/08/06-80109-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to an address, with all other like empowered.

SIGNATURE: *Mary C Plott* Date: **4-24-06** Daytime Phone #: **813-465-6263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #