

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90030 023 ***150.00

DOCUMENT # 525140

1. Entity Name

MLCA, INC.



Principal Place of Business

~~908 S. DELANEY AVE. (ZIP 32806-1275)~~
P.O. BOX 568821
ORLANDO FL 32856-5821

Mailing Address

~~908 S. DELANEY AVE. (ZIP 32806-1275)~~
P.O. BOX 568821
ORLANDO FL 32356-8821
US

2. Principal Place of Business

3333 S Orange Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 200



MOORE

CR2E034 (11/03)

City & State

Orlando FL

City & State

Zip

32806-8500

Country

US

Country

4. FEI Number

59-1726675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, MAURY L.
~~908 S DELANEY AVENUE~~
~~ORLANDO FL 32806~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3333 S Orange Ave, Suite 200

City Orlando

FL

Zip Code

32806-8500

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVTS ☐ Delete
NAME CARTER, MAURY L
STREET ADDRESS ~~908 S DELANEY AVE~~
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE AT ☐ Delete
NAME CHARRON, ROBERT H
STREET ADDRESS 446 MAIN STREET
CITY-ST-ZIP WORCESTER MA 01608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3333 S Orange Ave, Suite 200
CITY-ST-ZIP Orlando FL 32806-8500

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Maury L Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15 04

Date

407/422-3144

Daytime Phone #

Maury L Carter