

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005238

Entity Name: MKC ENTERPRISES, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

5856 NEW PEACHTREE ROAD
DORAVILLE, GA 30340

New Principal Place of Business:

Current Mailing Address:

5856 NEW PEACHTREE ROAD
DORAVILLE, GA 30340

New Mailing Address:

5864 NEW PEACHTREE ROAD
DORAVILLE, GA 30340

FEI Number: 58-1404497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HODGSON, MICHAEL
9315 HAYDEN ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCONNELL, MARY
Address: 5856 NEW PEACHTREE RD.
City-St-Zip: DORAVILLE, GA 30340

Title: COO () Delete
Name: HODGSON, MICHAEL J
Address: 5856 NEW PEACHTREE RD.
City-St-Zip: DORAVILLE, GA 30340

Title: VS () Delete
Name: HODGSON, SHARON E
Address: 5856 NEW PEACHTREE RD.
City-St-Zip: DORAVILLE, GA 30340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HODGSON, SHARON E
Address: 5856 NEW PEACHTREE RD.
City-St-Zip: DORAVILLE, GA 30340

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: SHARON HODGSON

VP

01/06/2005

Electronic Signature of Signing Officer or Director

Date