

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000504

FILED  
Feb 12, 2012  
Secretary of State

**Entity Name:** MDC VENTURES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

3545-1 ST JOHNS BLUFF RD SUITE 347  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

3545-1 ST JOHNS BLUFF RD SUITE 347  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-0689267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUST, RICHARD  
3840 BELFORT RD #104  
JACKSONVILLE, FL 32216 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLEMAN, MARCO  
Address: 3545-1 ST JOHNS BLUFF RD SUITE 347  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S  
Name: COLEMAN, KATRINA  
Address: 3545-1 ST JOHNS BLUFF RD SUITE 347  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: MARCO COLEMAN

P

02/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date