

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90090 033 ***150.00

DOCUMENT # F98000006982

1. Entity Name
MDC NEW YORK CORPORATION



Principal Place of Business

**6071 E. LAKE RD.
PO BOX 309 UNIT # 8
OLCOTT, NY 14126**

Mailing Address

**6071 E. LAKE RD.
PO BOX 309 UNIT # 8
OLCOTT, NY 14126**



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1088310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON, FL 33431**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS
TITLE PDVT
NAME BASIL, DONALD J
STREET ADDRESS 6071 E. LAKE RD. UNIT # 8 PO BOX 309
CITY-ST-ZIP OLCOTT, NY 14126

TITLE SDEV
NAME BASIL, MARY ANN
STREET ADDRESS 6071 E. LAKE RD. UNIT # 8 PO BOX 309
CITY-ST-ZIP OLCOTT, NY 14126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Donald J. Basil
Donald J. Basil

2-28-05

941-485-6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #