

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72011

Entity Name: M & C ARMY SURPLUS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

% CRAIG F. HALL
317 NE FIRST STREET, PO BOX 2188
GAINESVILLE, FL 32602

New Principal Place of Business:

Current Mailing Address:

% CRAIG F. HALL
317 NE FIRST STREET, PO BOX 2188
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-2672823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CRAIG F.
317 NORTHEAST FIRST STREET
POST OFFICE BOX 2188
GAINESVILLE, FL 32602 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: MILLER, SUZANNE,
Address: 5138 NW 64TH BLVD./
City-St-Zip: GAINESVILLE, FL

Title: STD () Delete
Name: CASON, OLIVIA
Address: 1403 NW 12TH ROAD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: OLIVIA CASON

STD

04/29/2005

Electronic Signature of Signing Officer or Director

Date