


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020551</b>	
1. Entity Name <b>M &amp; C FINANCIAL, L.L.C.</b>	

Principal Place of Business <b>310 EAST MAIN STREET LAKELAND, FL 33801</b>	Mailing Address <b>310 EAST MAIN STREET LAKELAND, FL 33801</b>
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01092004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2376907</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CLEMENTS, MARK E ESQUIRE MARK E. CLEMENTS, P.A. 310 EAST MAIN STREET LAKELAND, FL 33801</b>
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**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLEMENTS, MARK E ESQUIRE 310 EAST MAIN STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADDOX, STEPHEN F PO BOX 3627 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000010143  
01/22/04-80019-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1-16-04*