


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90029 004 ***150.00

DOCUMENT # L49997

1. Entity Name
MC PERSONALIZATIONS, INC.



Principal Place of Business Mailing Address

**2607 NW 17 LANE
POMPANO BEACH FL 33064** **2607 NW 17 LANE
P.O. BOX 1555
POMPANO BEACH FL 33064**

2. Principal Place of Business 3. Mailing Address

20936 No Springs Terrace *20936 No Springs Terr*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Boca Raton, FL *Boca Raton FL*

Zip Country Zip Country

33438 *USA* *33438* *USA*



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-2992837 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHERMAN, GEORGE
2607 NW 17 LANE
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name *George Sherman*

Street Address (P.O. Box Number is Not Acceptable) *20936 No Springs Terrace*

City *Boca Raton* FL *33438*

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 *George Sherman* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SHERMAN, GEORGE
STREET ADDRESS	2607 NW 17TH LANE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	SHERMAN, MARCIA
STREET ADDRESS	2607 NW 17 LANE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GEORGE SHERMAN</i>
STREET ADDRESS	<i>20936 No Springs Terr.</i>
CITY-ST-ZIP	<i>Boca Raton FL 33438</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Marcia Sherman</i>
STREET ADDRESS	<i>20936 No Springs Terr.</i>
CITY-ST-ZIP	<i>Boca Raton, FL 33438</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *George Sherman* *George Sherman* *2/10/04* *561 716 6307*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #