

# 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

2607 NW 17 LANE  
POMPANO BEACH FL 33064

Mailing Address

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

2. Principal Place of Business

20436 No Spring Lane  
Suite, Apt. #, etc.

3. Mailing Address

20436 No Spring Lane  
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-2992837

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

33428

Country

USA

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): 20436 No Spring Lane  
City: Boca Raton FL 33428

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*  
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, 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 ☐ Delete  
NAME: SHERMAN, GEORGE  
STREET ADDRESS: 2607 NW 17TH LANE  
CITY-ST-ZIP: POMPANO BEACH FL

TITLE: D ☐ Delete  
NAME: SHERMAN, MARCIA  
STREET ADDRESS: 2607 NW 17 LANE  
CITY-ST-ZIP: POMPANO BEACH FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: GEORGE SHERMAN  
STREET ADDRESS: 20436 No Spring Lane  
CITY-ST-ZIP: Boca Raton FL 33428

TITLE: ☒ Change ☐ Addition  
NAME: MARCIA SHERMAN  
STREET ADDRESS: 20436 No Spring Lane  
CITY-ST-ZIP: Boca Raton, FL 33428

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George Sherman* GEORGE SHERMAN 2/10/04 561 716 6302  
Date Daytime Phone #