

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 046 ***550.00

DOCUMENT # P00000051116

1. Entity Name
MCC RESTAURANTS INC.



Principal Place of Business
**12421 N FLORIDA AVE, STE C-220
TAMPA, FL 33613**

Mailing Address
**12421 N FLORIDA AVE, STE C-220
TAMPA, FL 33613**

54059596



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3648614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAY, KENNETH
12421 N FLORIDA AVE, STE C-220
TAMPA, FL 33613**

Name **Nancy Miguel**

Street Address (P.O. Box Number is Not Acceptable)
12421 N. Florida Ave Suite C-220

City **Tampa**

FL

Zip Code
33612

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 **Nancy Miguel**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MIGUEL, ALEX**
STREET ADDRESS **12421 N. FL A C220**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **P** ☒ Change ☐ Addition
NAME **Miguel, Nancy**
STREET ADDRESS **12421 N. Florida Ave C-220**
CITY-ST-ZIP **Tampa, FL 33612**

TITLE **P** ☐ Delete
NAME **HAY, KENNETH**
STREET ADDRESS **12421 NO. FLORIDA AVE. CZZO**
CITY-ST-ZIP **TAMPA, FL 33612**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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

6-30-04

Date

813-935-8341

Daytime Phone #