


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000038184	
1. Entity Name MCM CONSULTANTS, INC.	

Principal Place of Business 6641 SW 11TH STREET PLANTATION, FL 33317	Mailing Address 6641 SW 11TH STREET PLANTATION, FL 33317
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03282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEADE, MICHAEL 6641 SW 11TH STREET PLANTATION, FL 33317
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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 <i>C. Michael Meade</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>C. MICHAEL MEADE</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>	<i>04/02/04</i> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000108327 04/09/04-90053-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, MICHAEL 6641 SW 11TH STREET PLANTATION, FL 33317
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
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SIGNATURE: <i>C. Michael Meade</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>C. MICHAEL MEADE</i> <small>DATE</small>	<i>04/02/04</i> <small>Design Phone #</small>
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