

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90019 014 ***150.00

DOCUMENT # P01000054719 1. Entity Name M.C.S.P., INC.	
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Principal Place of Business 1532 HIGHLAND CT VALKARIA, FL 32950	Mailing Address PO BOX 501381 VALKARIA, FL 32950
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54061337



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATACER, MARK
 4160 ROSEWOOD AVE.
 VALKARIA, FL 32950

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATACER, MARK 4160 ROSEWOOD AVE. VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATACER, CERISE 4160 ROSEWOOD AVE. VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(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: Mark Patacer **7-6-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

M.C.SP INC
P.O. BOX 501381
MALABAR,FL 32950
06-06-04

57061337
P0100054719

TO: WHOME IT MAY CONCERN:

WE HAVE RECEIVED YOUR NOTICE OF INTENT TO DISSOLVE. M.C.S.P INC IS RUN BY A ONE MAN OPERATION . THE ANNUALLY REPORT FEE WAS AN OVER SITE. OUR PAST PAYMENT WAS ALWAYS TARDY. IF IT ALL POSSIABLE COULD YOU WAVIED THE LATE FEE. ENCLOSE IS \$150.00.

THANK YOU
M.C.S.P INC

Mark L.