

**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.



Principal Place of Business

**1532 HIGHLAND CT
VALKARIA, FL 32950**

Mailing Address

**PO BOX 501381
VALKARIA, FL 32950**

54061337



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3720800

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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, CERI SE
4160 ROSEWOOD AVE.
VALKARIA, FL 32950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-04

Attachment

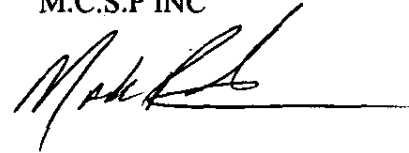
M.C.SP INC
P.O. BOX 501381
MALABAR, FL 32950
06-06-04

57061337
PD/000054719

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

A handwritten signature in black ink, appearing to be 'Mark L.', written over a horizontal line.