

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 046 ***150.00

DOCUMENT # P02000012621



1. Entity Name
M. C. SUITES, INC.

Principal Place of Business
**407 NORTH WEST STREET
BUSHNELL, FL 33513**

Mailing Address
**POST OFFICE BOX 385
BUSHNELL, FL 33513**

2. Principal Place of Business
138 BUSHNELL PLAZA

3. Mailing Address

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.

City & State
BUSHNELL FL

City & State

Zip **33513** Country **USA**

Zip Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number
01-0605778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOFFITT, DAVID E
407 NORTH WEST STREET
BUSHNELL, FL 33513**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MOFFITT, DAVID E**
STREET ADDRESS **407 N WEST STREET**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **VSTD** ☐ Delete
NAME **LACKAY, CHRISTINA L**
STREET ADDRESS **65 CR 532**
CITY-ST-ZIP **BUSHNELL, FL 33513**

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
STREET ADDRESS **138 BUSHNELL PLAZA, #103**
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

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 exemptions contained in Chapter 119, 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:

Christina L. Lackay
CHRISTINA L. LACKAY

4/11/06

(352) 793-5813