


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 048 ***150.00

DOCUMENT # P02000033170

1. Entity Name
M & C QUALITY CARE, INC.



Principal Place of Business
**2589 ALBURY AVE
 DELTON A, FL 32738**

Mailing Address
**206 W VOORHIS AVE
 DELAND, FL 32720**

94026036



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
82-0539375

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, CYNTHIA
 2589 ALBURY AVE
 DELTON A, FL 32738**

7. Name and Address of New Registered Agent

Name **Mable Curry**

Street Address (P.O. Box Number is Not Acceptable)
2589 Albury Ave

City **Deltona** FL Zip Code **32738**

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 *x Mable Curry* DATE **3-4-04**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	EDWARDS, CYNTHIA
STREET ADDRESS	2589 ALBURY AVE
CITY-ST-ZIP	DELTON A, FL 32738
TITLE	D <input type="checkbox"/> Delete
NAME	CURRY, MABLE
STREET ADDRESS	2589 ALBURY AVE
CITY-ST-ZIP	DELTON A, FL 32738
TITLE	<input type="checkbox"/> Delete
NAME	Edgar Curry
STREET ADDRESS	2589 Albury Ave
CITY-ST-ZIP	Deltona FL 32738
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P, D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mable Curry* **Mable Curry** DATE **3-4-04** DAYTIME PHONE # **386-943-4026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR