

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90033 046 \*\*\*150.00

**DOCUMENT # P02000044499**

1. Entity Name

M. C. HOT DOGS, INC.



Principal Place of Business

Mailing Address

~~41 LAKEPOINTE CIRCLE~~  
~~KISSIMMEE FL 34743~~

~~41 LAKEPOINTE CIRCLE~~  
~~KISSIMMEE FL 34743~~

*new Principal Place of Business / New mailing address*

2. Principal Place of Business

3. Mailing Address

*11310 South Orange Blossom Tr. #126*

*11310 South Orange Blossom Tr. #126*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

*Orlando FL*

*Orlando FL*

4. FEI Number

03-0440318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGLOIS, MARK  
~~41 LAKEPOINTE CIRCLE~~  
~~KISSIMMEE FL 34743~~

Name

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

*11310 South Orange Blossom Tr. #126*

*Orlando, FL*

**FL**

*32837*

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

*Candy Langlois / Candy Langlois / (same agent)*

*March 5, 2004*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LANGLOIS, MARK  
~~41 LAKEPOINTE CIRCLE~~  
~~KISSIMMEE FL 34743~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Langlois Mark*  
*11310 South Orange Blossom Tr. #126*  
*Orlando FL 32837*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LANGLOIS, CANDY  
~~41 LAKEPOINTE CIRCLE~~  
~~KISSIMMEE FL 34743~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Langlois Candy*  
*11310 South Orange Blossom Tr. #126*  
*Orlando, FL 32837*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Candy Langlois / Candy Langlois / March 5, 2004*

*407-595-8575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #