
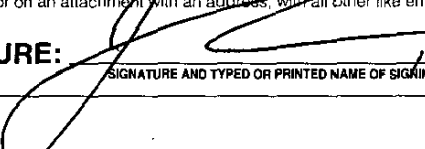


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90080 042 ***150.00

DOCUMENT # P02000070500 1. Entity Name MC2 PROPERTIES, INC.					
Principal Place of Business 3928 SE 58TH AVE OCALA, FL 34480			Mailing Address P.O. BOX 6034 OCALA, FL 34478		
2. Principal Place of Business 3928 SE 58TH AVE		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA, FL		City & State		4. FEI Number 04-3700386	
Zip 34480		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, JOHN C 4433 SW 11 PLACE OCALA, FL 34471			7. Name and Address of New Registered Agent Name JOHN C. MORALES Street Address (P.O. Box Number is Not Acceptable) 3928 SE 58TH AVE. City OCALA FL Zip Code 34480		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CHRISTMAS, HORACE STREET ADDRESS 2587 SE 34 STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MORALES, JOHN C STREET ADDRESS 4433 SE 11 PLACE CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3928 SE 58TH AVE. OCALA, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME CHRISTMAS, OTIS STREET ADDRESS 2587 SE 34 STREET CITY-ST-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  VP JOHN C. MORALES, VP 04/13/04 (352) 690-6200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94030000



04132004 Chg-P CR2E034 (10/03)