


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000070500</b> 1. Entity Name MC2 PROPERTIES, INC.	
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Principal Place of Business 3928 SE 58TH AVE. OCALA, FL 34480	Mailing Address 3928 SE 58TH AVE. OCALA, FL 34480
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3700386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MORALES, JOHN C 3928 SE 58TH AVE. OCALA, FL 34480
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORALES, JOHN C 3928 SE 58TH AVE. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHRISTMAS, OTIS 2651 SE 40 ST OCALA, FL 34480
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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:** VP John C. Morales, VP 01/29/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #