


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000009577</b>		
1. Entity Name <b>MCA CUSTOM WOODWORKING, INC.</b>		
Principal Place of Business <b>14578 62ND CT N LOXAHATCHEE, FL 33470</b>	Mailing Address <b>14578 62ND CT N LOXAHATCHEE, FL 33470</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ANASTASIO, MARK 5710 SW 38TH CT DAVIE, FL 33314</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTASIO, MARK 5710 SW 38TH CT DAVIE, FL 33314	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTASIO, BETH 5710 SW 38TH CT DAVIE, FL 33314	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Mark Anastasio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>MARK ANASTASIO</b> 8-1-05 723-5886 <small>Date Daytime Phone #</small>



07102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>42-1567146</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

08/03/05-80002-004 150.00