


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90024 046 \*\*\*150.00

<b>DOCUMENT # P03000024353</b>					
1. Entity Name <b>MRCB HOLDINGS, INC.</b>					
Principal Place of Business <b>430 EIGHT AVE WEST PALMETTO FL 34221</b>			Mailing Address <b>430 EIGHT AVE WEST PALMETTO FL 34221</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>30-0187824</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NEUHAUSER, JON R 430 EIGHT AVE WEST PALMETTO FL 34221</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 _____					



MOORE CR2E034 (11/03)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**MANATEE RIVER**  
**COMMUNITY BANK**  
*Your Family Bank*

**430 8TH AVENUE WEST  
PALMETTO, FLORIDA 34221  
941-722-2992 ~ FAX: 941-721-8323**

**7204 U.S. HWY. 301 N  
ELLENTON, FLORIDA 34222  
941-729-0569 ~ FAX: 941-729-6966**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D W. ALLEN LANGFORD 430 8TH AVE WEST Palmetto FL 34221</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/P/D JON R. NEUHAUSER 430 8TH AVE WEST Palmetto FL 34221</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C C. M. ROWLETT 4808 9TH AVE W Bradenton, FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JAMES E. BOYD 4807 RIVERVIEW BLVD Bradenton, FL 34209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALBERT CONYERS 2908 NORTH AVE "C" WEST Bradenton, FL 34205</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REED W. MAPES 535 8TH ST WEST Bradenton FL 34205</b> <input type="checkbox"/> Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:** *Jon R Neuhaus* **Jon R NEUHAUSER** 2/23/04 941-722-2992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #