

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000039265 1. Entity Name MDC CORPORATION	
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Principal Place of Business 7517 CASA GRANDE CIRCLE MILTON, FL 32583	Mailing Address 7517 CASA GRANDE CIRCLE MILTON, FL 32583
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01292006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4529922	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LYNCHARD, R. LANE 1807 ALHAMBRA ST NEVARRE, FL 32566
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000507407
04/27/06-30064-008 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVALL, CLAUDE 7517 CASA GRANDE CIRCLE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVALL, MELANIE 7517 CASA GRANDE CIRCLE MILTON, FL 32583
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**DO NOT WRITE
IN THIS SPACE**

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: *Claude Duvall* **CLAUDE DUVALL** 4-10-06 858-626-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #