2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2004
Secretary of State

DOCUMENT# P03000157456

Entity Name: MCC INDUSTRIES, INC.

Current Principal Place of Business:

1204 CREEK BEND RD
FRUIT COVE, FL 32259 US

New Principal Place of Business:

4090 HODGES BLVD
#1513
JACKSONVILLE, FL 32224 US

Current Mailing Address:

1204 CREEK BEND RD
FRUIT COVE, FL 32259 US

New Mailing Address:

FEI Number: 20-0517599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, JOHN W JR
1204 CREEK BEND RD
FRUIT COVE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/DR ( ) Delete
Name: MCCORMICK, JOSEPH A
Address: 1204 CREEK BEND RD
City-St-Zip: FRUIT COVE, FL 32259 US

Title: TR/D ( ) Delete
Name: MCCORMICK, JOHN W JR
Address: 1204 CREEK BEND RD
City-St-Zip: FRUIT COVE, FL 32259 US

Title: VP/D ( ) Delete
Name: MCCORMICK, BRIAN K
Address: 1316 HIDEAWAY DR S
City-St-Zip: FRUIT COVE, FL 32259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/DR (X) Change ( ) Addition
Name: MCCORMICK, JOSEPH A
Address: 4090 HODGES BLVD APT # 1513
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K. MCCORMICK VP/D 02/15/2004
Electronic Signature of Signing Officer or Director Date