

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90015 002 \*\*\*158.75

<b>DOCUMENT # P04000026170</b> 1. Entity Name <b>M.C. CONSTRUCTION GROUP INC.</b>					
Principal Place of Business <b>6323 LAKEVILLE RD ORLANDO, FL 32818</b>			Mailing Address <b>6323 LAKEVILLE RD ORLANDO, FL 32818</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>17602 Fosgate RD</b>			
Suite, Apt. #, etc. <b>17602 Fosgate RD</b>		Suite, Apt. #, etc. <b>17602 Fosgate RD</b>			
City & State <b>Montverde FL</b>		City & State <b>Montverde FL</b>		4. FEI Number <b>20-0805187</b>	
Zip <b>34756</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STARK, JEAN-MARC P 6323 LAKEVILLE RD ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name <b>Jean-Marc Stark</b> Street Address (P.O. Box Number is Not Acceptable) <b>17602 Fosgate RD</b> <b>FL</b> City <b>Montverde</b> <b>FL</b> Zip Code <b>34756</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 <b>Jean-Marc Stark</b> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STARK, JEAN-MARC P 6323 LAKEVILLE RD ORLANDO, FL 32818</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jean Marc Stark #Change</b> <b>17602 Fosgate RD</b> <b>Montverde, FL 34756</b>	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>IRLAND, CHARLES 6323 LAKEVILLE RD ORLANDO, FL 32818</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Jean Marc Stark</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Jean-Marc Stark 7/10/08</b> Date		<b>321 689-4256</b> Daytime Phone #