## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000071311  1. Entity Name MDC FORM, INC.					04-27-2005 90293 006 ***150.00					
Principal Place of Business Mailing Address					٦ .					
1265 SE 8TH DEERFIELD E	1 ST. BCH, FL 33441	1265 SE 8TH ST. Deerfield BCH, FL 33441								
Principal Place of Business     3. Mailing Add										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232005	Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Number 56-2	473849			plied For t Applicable		
Zip	Country	Country Zip Cou		itry	5. Certificate o	f Status Desired		8.75 Add se Required		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R		•		
				Name						
GIRARD, DANIEL 1265 SE 8TH ST. DEERFIELD BCH, FL 33441				Street Address (P.O. Box Number is Not Acceptable)						
DEEK! IEE										
				City			FL	Zip Code	3	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s register	ed office or regist	ered agent, or both	, in the State of Flo	rida. I am far	niliar with,	and accept	
SIGNATURESignature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.	1	ADDITIONS/C	HANGES TO OFF	CERS AND D	IRECTORS	S IN 11	
TITLE			TITL		☐ Change ☐ Addition					
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CITY-ST-ZIP				-ST-ZIP						
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CITY-\$1-ZIP				-ST-ZIP					!	
12 Thereby	actify that the information eurolied wit	h this filias done not a stifu fe	the eve	mation stated in C	Costino 110 07/3\/i\	Florida Ctotuton I	further earlif	that the is	dosmation.	

I nereby ceruly that the information supplied with this fund goes not quality 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 eath; 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:**