

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90143 046 ***150.00

DOCUMENT # P04000125320

1. Entity Name
MCC BP, INC.



Principal Place of Business
**901 NORTH LAKE DESTINY ROAD
SUITE 370
MAITLAND, FL 32751**

Mailing Address
**901 NORTH LAKE DESTINY ROAD
SUITE 370
MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #
903 OUTER ROAD

3. Mailing Address
903 OUTER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32814

Country
US

Zip
32814

Country
US

04172008

Chg-P

CR2E034 (12/06)

4. FEI Number
80-0124635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCORKLE, ANDREW L
901 NORTH LAKE DESTINY ROAD
SUITE 370
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
MCCORKLE, ANDREW L.
Street Address (P.O. Box Number is Not Acceptable)
903 OUTER ROAD
City
ORLANDO FL Zip Code **32814**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MCCORKLE, ANDREW L
901 NORTH LAKE DESTINY ROAD SUITE 370
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCORKLE, CLAIR W
901 NORTH LAKE DESTINY ROAD SUITE 370
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MCCORKLE, ANDREW L.
903 OUTER ROAD
ORLANDO, FL 32814** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCORKLE, CLAIR W.
903 OUTER ROAD
ORLANDO, FL 32814** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

407-373-7800

Date

Daytime Phone #