2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153325

3900 HYPOLUXO ROAD

BOYNTON BEACH, FL 33436

Address: City-St-Zip:

Entity Name: MC 1300, INC

FILED Jan 07, 2008 Secretary of State

| Entity Name: MC 1300, INC. | | | | | |
|---|---|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
| | ARIND AVENU LM BEACH, FL | | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| P.O. BOX 1208 BOCA RATON, FL 33429 | | | 3900 HYPOLUXO ROAD BOYNTON BEACH, FL 33436 | | |
| FEI Number: | 20-1871745 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 14339 SMI | , RICHARD E TH SUNDY RO BEACH, FL 33 | | DASZKAL, DAVID T 3900 HYPOLUXO R BOYNTON BEACH, | OAD | |
| | named entity : e of Florida. | submits this statement for the p | urpose of changing its register | red office or registered agent, or both, | |
| SIGNATURE: DAVID DASZKAL | | | | 01/07/2008 | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () BOWMAN, RIC 14339 SMITH S DELRAY BEAC | SUNDY ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD () KNIGHT, JAME 740 HAVANA D BOCA RATON, | RIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD () SNOW, JEFFR P.O. BOX 1208 BOCA RATON, | l e e e e e e e e e e e e e e e e e e e | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TD () |) Delete (ID I | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip: