

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165261

**FILED**  
**Apr 15, 2007**  
**Secretary of State**

**Entity Name:** MCS GENERAL SERVICES, INC.

**Current Principal Place of Business:**

788 HILLVIEW DR.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

330 SOUTH WYMORE RD  
APT#101  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

788 HILLVIEW DR.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

330 SOUTH WYMORE RD  
APT#101  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 20-3983249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTILLO LEZCANO, WILFREDO  
788 HILLVIEW DR.  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

CASTILLO LEZCANO, WILFREDO  
330 SOUTH WYMORE RD  
APT#101  
ALTAMONTE SPRINGS, FL 32714 US

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:** WILFREDO CASTILLO LEZCANO

04/15/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CASTILLO LEZCANO, WILFREDO  
**Address:** 788 HILLVIEW DR.  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** CASTILLO LEZCANO, WILFREDO  
**Address:** 330 SOUTH WYMORE RD, APT#101  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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

**SIGNATURE:** WILFREDO CASTILLO LEZCANO

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04/15/2007

Electronic Signature of Signing Officer or Director

Date