

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000165261

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-3983249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX CARE INC  
2471 E. SEMORAN BLVD.  
APOPKA, FL 32703 US

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

TAX CARE INC  
417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 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:** MOISES ALVAREZ

04/12/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

**SIGNATURE:** WILFREDO CASTILLO LEZCANO

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date