


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90259 015 \*\*\*158.75

<b>DOCUMENT # P06000002289</b> 1. Entity Name <b>MCS-ACF, INC.</b>					
Principal Place of Business <b>550 AMBERJACK DR. NORTH PORT, FL 34287</b>			Mailing Address <b>550 AMBERJACK DR. NORTH PORT, FL 34287</b>		
2. Principal Place of Business - No P.O. Box # <b>14828 TAMiami Trail</b>		3. Mailing Address <b>625 Portside Drive</b>			
Suite, Apt. #, etc. <b>H 102</b>		Suite, Apt. #, etc.			
City & State <b>North Port</b>		City & State <b>North Port</b>		4. FEI Number <b>42 1702106</b>	
Zip <b>34287</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHULTZ, CASSANDRA 550 AMBERJACK DR. NORTH PORT, FL 34287</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Cassandra Schultz</i></u> <span style="float: right;">4.18.07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SCHULTZ, CASSANDRA 550 AMBERJACK DR. 625 Portside Dr. NORTH PORT, FL 34287</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CONSORTO, FRANK 550 AMBERJACK DR. 625 Portside Dr. NORTH PORT, FL 34287</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Cassandra Schultz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.18.07 <span style="float: right;">941-426-8241</span> <small>Date Daytime Phone #</small>		