

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 050 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**



DOCUMENT P08239
 1. Entity Name
 MCO Industries Inc.

Principal Place of Business Mailing Address
 Road 183 KM 5 PO box 1264
 San Lorenzo PR 00754 San Lorenzo PR 00754

2. Principal Place of Business 3. Mailing Address
 Road 183 KM 5 PO Box 1264
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 San Lorenzo, PR San Lorenzo PR

Zip Country Zip Country
 00754 PR 00754 PR



03152003 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 66-0347081 Not Applicable

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

6. Name and Address of Current Registered Agent
 Jame P McComas
 888 East Keene Road
 Apopka FL 32703

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President Delete
 NAME: John McComas
 STREET ADDRESS: PO Box 1264 San Lorenzo PR
 CITY-ST-ZIP: 00754

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Secretary & treasurer Delete
 NAME: Angel Miranda
 STREET ADDRESS: PO Box 1264 San Lorenzo PR
 CITY-ST-ZIP: 00754

TITLE: Secretary & treasurer Change Addition
 NAME: James P McComas
 STREET ADDRESS: 888 Keene Road Apopka FL 32703
 CITY-ST-ZIP: East

TITLE: Director Delete
 NAME: Hugh McComas
 STREET ADDRESS: PO Box 1264 San Lorenzo PR
 CITY-ST-ZIP: 00754

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Assistant Secretary: Delete
 NAME: Patricia McComas
 STREET ADDRESS: PO Box 1264 San Lorenzo PR
 CITY-ST-ZIP: 00754

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Assistant Treasurer Change Addition
 NAME: Angel Miranda
 STREET ADDRESS: PO Box 1264 San Lorenzo PR
 CITY-ST-ZIP: 00754

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. P. McComas Date: 4-28-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR