
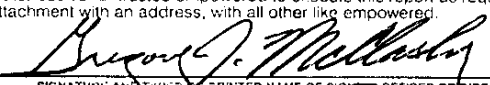


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90026 044 ***150.00

DOCUMENT # P93000079730					
1. Entity Name M & C ENTERPRISES OF SEBRING, INC.					
Principal Place of Business 3025 SILVER STAR RD. STE 107 ORLANDO, FL 32808 US			Mailing Address 3025 SILVER STAR RD. STE 107 ORLANDO, FL 32808 US		
2. Principal Place of Business - No P.O. Box # 4426 N. Orange Blossom Trl		3. Mailing Address 4426 N. Orange Blossom Trl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 65-0440976	
Zip 32804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARR, INGA K 3025 SILVER STAR RD. STE 107 ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name: Carr, Inga K Street Address (P.O. Box Number is Not Acceptable): 4426 N. Orange Blossom Trl City: Orlando FL Zip Code: 32804		
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 _____ (NOTE: Registered Agent's signature required when retaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DTS NAME CARR, INGA K STREET ADDRESS 3025 SILVER STAR RD. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE DTS NAME Carr, Inga K STREET ADDRESS 4426 N.O.B.T CITY-ST-ZIP Orlando FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME CARR, RUSSELL T STREET ADDRESS 3025 SILVER STAR RD. CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE DP NAME Carr, Russell T STREET ADDRESS 4426 N.O.B.T CITY-ST-ZIP Orlando FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MCCLASKY, GREGORY J STREET ADDRESS 3025 SILVER STAR RD CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete		TITLE V NAME Mcclasky, Gregory J STREET ADDRESS 4426 N.O.B.T CITY-ST-ZIP Orlando FL 32804	<input checked="" 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	
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	
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: 			4/17/8 407-293-2969		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		