

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000265

Entity Name: MCB CORPORATION

FILED  
Jan 22, 2004  
Secretary of State

**Current Principal Place of Business:**

21 HAVEN AVE  
ROCKPORT, MA 01966 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2367  
ROCKPORT, MA 01966367 US

**New Mailing Address:**

FEI Number: 58-2092329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A.G.C. CO.  
200 SOUTH ORANGE AVE.  
2300 SUN BANK CENTER  
ORLANDO, FL US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BLAND, ROBERT  
Address: 21 HAVEN AVE  
City-St-Zip: ROCKPORT, MA

Title: DC ( ) Delete  
Name: BLAND, MARYANNE  
Address: 21 HAVEN AVE  
City-St-Zip: ROCKPORT, MA

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT BLAND

PRES

01/22/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date