

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90041 022 ***158.75

DOCUMENT # P95000000466

1. Entity Name

MCM TRAVEL OF ESTERO, INC.



Principal Place of Business

10700 BAHIA TERRADO CIRCLE
ESTERO FL 33928-2442
US

Mailing Address

10700 BAHIA TERRADO CIRCLE
ESTERO FL 33928-2442
US

2. Principal Place of Business

10700 BAHIA TERRADO CIE
Suite, Apt. #, etc.

3. Mailing Address

10700 BAHIA TERRADO CIRCLE
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ESTERO FL

City & State

ESTERO FL

4. FEI Number

65-0559440

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

LEE USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALIK, MELVIN
10700 BAHIA TERRADO CIRCLE
ESTERO FL 33928

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 MELVIN J. MALIK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MALIK, MELVIN	
STREET ADDRESS	10700 BAHIA TERRADO CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALIK, CRYSTAL	
STREET ADDRESS	10700 BAHIA TERRADO CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 3, 2004

Date

239-992-6992

Daytime Phone #