

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90064 020 ***150.00

DOCUMENT # P95000078715

1. Entity Name

MAD GENERAL CONTRACTORS, INC.



Principal Place of Business

891 ELLEN DRIVE
KEY LARGO FL 33037
US

Mailing Address

P.O. BOX 0572
KEY LARGO FL 33037
US

2. Principal Place of Business

11789 W. RIVERHAVEN Dr.

3. Mailing Address

11789 W. RIVERHAVEN Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL.

City & State

HOMOSASSA FL.

Zip

34448

Country

CITRUS

Zip

34448

Country

CITRUS



MOORE

CR2E034 (11/03)

4. FEI Number

65-0612602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCCOY, MICHAEL A
891 ELLEN DRIVE
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name Michael A. McCoy

Street Address (P.O. Box Number is Not Acceptable)
11789 W. RIVERHAVEN Dr.

City HOMOSASSA

FL

Zip Code

34448

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

Michael A. McCoy

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME SCHMANDT, LAWRENCE
STREET ADDRESS 1501 SW 50 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33317

TITLE SPT ☒ Delete
NAME MCCOY, MICHAEL A
STREET ADDRESS 891 ELLEN DRIVE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SPT ☐ Change ☐ Addition
NAME McCoy, Michael A.
STREET ADDRESS 11789 W. Riverhaven Dr.
CITY-ST-ZIP HOMOSASSA FL. 34448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Michael A. McCoy Michael A. McCoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04 (352) 628-6994

Date Daytime Phone #