2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000082474

1. Entity Name
MC DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
PO BOX 385 BUSHNELL, FL 33513	PO BOX 385 BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE

04062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3343698	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LACKAY, CHRISTINA L.
407 N WEST STREET
BUSHNELL, FL 33513

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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_____

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**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	MOFFITT, DAVID E	
STREET ADDRESS	4384 S. US 301	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	VST	
NAME	LACKAY, CHRISTINA L	
STREET ADDRESS	65 CR 532	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _Christina M Lackay_ CHRISTINA L. LACKAY   4/7/04   352-793-5013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #