## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000026734

t. Entity Name MCDC HOLDING, INC.

Principal Place of Business

4314 PABLO OAKS CT JACKSONVILLE, FL 32224 Mailing Address

4314 PABLO OAKS CT JACKSONVILLE, FL 32224

## FILED Feb 09, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 01162004

No Chg-P

CR2E034 (10/03)

 FEI Number 59-3440186 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

904-192-1750

Daytime Phone #

6. Name and Address of Current Registered Agent

KLINEPETER, ANNE T 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 and title if applicable.				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBOUR, REGORY J 4314 PABLO OAKS CT JACKSONVILLE, FL 32224				U00000041350 02/09/04-80084-021 150.00
title name street address city-st-dp	D KLINEPETER, ANNE T 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
TIFLE NAME STREET ADDRESS CRY-ST-ZEP					
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 cath; 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 AND TYPED OR PROTITED HAVE OF SIGNATURE OF SIGN