

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027969

FILED
Jan 04, 2008
Secretary of State

Entity Name: M C VENTURES TRUCK BODIES, INC,

Current Principal Place of Business:

950 KENNEDY BOULEVARD
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

7503 ASPEN BLVD
LABELLE, FL 33935 US

New Mailing Address:

P.O. BOX 2955
LABELLE, FL 33975 US

FEI Number: 65-0738838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, MICHAEL
950 KENNEDY BLVD
LABELLE, FL 33935 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: PD () Delete
Name: COX, LORIE A
Address: 7503 ASPEN BLVD
City-St-Zip: LABELLE, FL 33935

Title: DV () Delete
Name: COX, MICHAEL T
Address: 7503 ASPEN BLVD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COX, LORIE A
Address: P.O. BOX 2955
City-St-Zip: LABELLE, FL 33975

Title: DV (X) Change () Addition
Name: COX, MICHAEL T
Address: P.O. BOX 2955
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL COX

DV

01/04/2008

Electronic Signature of Signing Officer or Director

Date