2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000040868

1. Entity Name
MCQ CONCEPTS, INC.

Principal Place of Business	Mailing Address
9720 ARMENIA AVE TAMPA, FL 33612	9720 ARMENIA AVE TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

☑ Applied For
☐ Not Applicable

4. FEI Number
59-3451108

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

6. Name and Address of Current Registered Agent

MCQUERTER, JAMES P
9720 NORTH ARMENIA AVE
TAMPA, FL 33612

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MCQUERTER, JAMES P
STREET ADDRESS	9506 COMMUNITY PL.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	V
NAME	ALFONSO, PETER JR
STREET ADDRESS	9720 ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80092-005 158.75

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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)(l), 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: _____   2-05-05   813/319-9720

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