## **FILED** Feb 09, 2005 08:00 AM --Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P97000081032 MCRC CORPORATION Principal Place of Business Mailing Address 6619 78TH STREET SOUTH 6619 78TH STREET SOUTH SUITE X SUITE X RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3471645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RHODES, RICHARD E DO NOT WRITE 8201 GIBSONTON DRIVE GIBSONTON, FL. 33334 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, typed or printed name of registered agent and little 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 \$5.00 May Be Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE RHODES, RICHARD E NAME STREET ADDRESS 8201 GIBSONTON DRIVE CITY - ST - ZIP GIBSONTON, FL 33534 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY- ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP en de de la company de la comp TITLE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 the impowered.

**SIGNATURE:** 

CITY-ST-7IP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-8-05

813-294-3895