

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000106349

1. Entity Name
MCS INVESTMENTS GENERAL PARTNER, INC.



Principal Place of Business
**153 WEST I-65 SERVICE ROAD NORTH
MOBILE, AL 36608**

Mailing Address
**153 WEST I-65 SERVICE ROAD NORTH
MOBILE, AL 36608**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1189875

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PORTELLA, PETE
10562 WEST EMERALD COAST PARKWAY
SUITE 200
DESTIN, FL 32550**

**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 signature required when reinstating)

U000000524291

05/03/06-00112-003 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURTON, J R
153 WEST I-65 SERVICE ROAD NORTH
MOBILE, AL 36608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, RICHARD
28922 BURKE LANE
ORANGE BEACH, AL 36561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POSEY, JAMES H
153 WEST I-65 SERVICE ROAD NORTH
MOBILE, AL 36608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, NORVELLE L
3929 YESTER PLACE
MOBILE, AL 36608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J Roc Burton 4/11/06 (251) 341-5777

Date

Daytime Phone #