

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90232 022 \*\*\*150.00

**DOCUMENT # P99000111444**

**1. Entity Name**

**MDCCO INC.**



**Principal Place of Business**

**320 CORPORATE WAY,STE.300  
ORANGE PARK FL 32073**

**Mailing Address**

**320 CORPORATE WAY,STE.300  
ORANGE PARK FL 32073**

**14021695**



**MOORE CR2E034 (11/03)**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**4. FEI Number**

**59-3617139**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ELDRIDGE, MARSHA  
320 CORPORATE WAY STE 300  
ORANGE PARK FL 32073**

**7. Name and Address of New Registered Agent**

**Name**

**Michael D Crawford**

**Street Address (P.O. Box Number is Not Acceptable)**

**2705 Riverside Ave**

**City**

**Jacksonville**

**FL**

**Zip Code**

**32205**

**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]*

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **CRAWFORD, MICHAEL D**  
**STREET ADDRESS** **320 CORPORATE WAY,STE.300**  
**CITY-ST-ZIP** **ORANGE PARK FL 32073**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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

Date

Daytime Phone #

**4/8/04 904 384-4107**