

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # S52707	
1. Entity Name MCD, INC.	
Principal Place of Business 6869 STAPOINT COURT SUITE 102 WINTER PARK, FL 32792	Mailing Address P.O. BOX 432 ORLANDO, FL 32802



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3078792	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, FRANK W
6869 STAPOINT COURT
SUITE 102
WINTER PARK, FL 32792**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P MURPHY, FRANK W 6869 STAPOINT COURT SUITE 102 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, MARCIA A 6869 STAPOINT COURT SUITE 102 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, MICHAEL 6869 STAPOINT COURT SUITE 102 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 files empowered.

SIGNATURE: FRANK W. MURPHY 1-10-08 407 841-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #