

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99785

Entity Name: MCBLT VENTURES, INC.

FILED
Aug 30, 2004
Secretary of State

Current Principal Place of Business:

12155 METRO PARKWAY
SUITE 25A
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

12155 METRO PARKWAY
SUITE 25A
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0299877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTLER, GAREY F.
1625 HENDRY ST.
SUITE 301
FT. MYERS, FL 33901

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: FEWSTER, THOMAS G.,
Address: 12155 METRO PARKWAY
City-St-Zip: FT. MYERS, FL

Title: DV () Delete
Name: FEWSTER, BARBARA A.,
Address: 12155 METRO PARKWAY
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: FEWSTER, THOMAS G JR.
Address: 12155 METRO PARKWAY
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: FEWSTER, BEVERLY
Address: 12155 METRO PARKWAY
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: THUENTE, LOIS
Address: 1126 OAKDALE
City-St-Zip: CHICAGO, IL 60657

Title: D () Delete
Name: FEWSTER, RONALD
Address: 314 FAIRWAY AVE.
City-St-Zip: CHILLICOTHE, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. FEWSTER

DPS

08/30/2004

Electronic Signature of Signing Officer or Director

Date