

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000028

FILED
Apr 09, 2004
Secretary of State

Entity Name: MWB REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

226 SAN VICENTE'S STREET, UNIT B
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

226 SAN VICENTE'S STREET, UNIT B
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 72-1246799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUDREAUX, MARY W
226 SAN VICENTE'S STREET, UNIT B
PANAMA CITY BEACH, FL 32413

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: P () Delete
Name: BOUDREAUX, MARY W
Address: 13 WOODLAKE BLVD.
City-St-Zip: KENNER, LA 70065

Title: VP () Delete
Name: BOUDREAUX, HARDY B
Address: 13 WOODLAKE BLVD.
City-St-Zip: KENNER, LA 70065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY W. BOUDREAUX

PRES

04/09/2004

Electronic Signature of Signing Officer or Director

_____ Date