


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000037258 1. Entity Name MTB, INC.	
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Principal Place of Business 2402 5TH AVENUE TAMPA, FL 33605	Mailing Address PO BOX 75466 TAMPA, FL 33675
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3721698	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, C.W. BUCKY
 4817 DOSSEYWOOD COURT
 LAKELAND, FL 33811

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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/D VANCE, MERVIN A 159 HEARTHSTONE EDMUNDTON, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV BELL, CHARLES W 4817 DOSSEYWOOD COURT LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FALTUS, PHILLIP T 4019 24TH ST SE RUSKIN, FL 33570
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/30/08-80038-001 158.75

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: Charles Bell Charles Bell 4-30-08 813-247-3956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #