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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

727 7412144

DOCUMÊNT # P03000153729				04-08-2005 90026 012 ***150.00		
1. Entity Nam M.P.C. FI	LOORING, INC.	Jan Jan		0,002	150.00	
Principal Place of Business Mailing Address			1	ra viver		
17 SOUTH SATURN AVENUE 17 SOUTH SATURN AVEN CLEARWATER, FL 33755 CLEARWATER, FL 33755				,	• 1	
	•	25	1	 	######################################	
2. Principal Place of Business 3. Mailing Address			**************************************			
Suite, Apt.	#'etc	/ Suite, Apt. #, etc. /				
<u></u>				01132005 Chg-P	CR2E034 (10/03)	
City & Stat	e	City & State		4. FEI Number 45-053022	Applied For Not Applicable	
Zip .	Country,	, Zip	Country ,	5. Certificate of Status Desired	S8.75 Additional	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New	Fee Required Registered Agent	
CALICILIE		7	Name 5#			
CALIGIURI, MARK P 17 SOUTH SATURN AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
CLEARWA	ATER, FL 33755					
	· · ·		\ City		FL Zip Code	
8. The above	named entity submits this statemer	nt for the purpose of changing its	registered office or registe	ered agent, or both, in the State of F	lorida. I am familiar with, and accept	
	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applicable. (NOT)	E: Registered Agent signature require	ed when reinstating)	DATE	
		nri:				
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55		ribution.	5.00 May Be Ided to Fees		
TITLE	OFFICERS A	ND DIRECTORS Defeto	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11 Change	
NAME	CALIGIURI, MARK P		NAME		_ dialign	
STREET ADDRESS CITY-ST-ZIP	17 SOUTH SATURN AVENUE CLEARWATER, FL 33755	Ξ .	STREET ADDRESS CITY-ST-ZIP			
TITLE	OLD HAMMER AND ADDRESS OF THE PARTY OF THE P	☐ Delete	TITLE	A	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		· ;•	CITY-ST-ZIP			
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TITLE .		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
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TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME.		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
! indicated	on this report or supplemental repo	ort is true and accurate and that n	ny signature shall have the	e same legal effect as if made under	. I further certify that the information roath; that I am an officer or director ne appears in Block 10 or Block 11 if	