

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90004 011 \*\*\*150.00

**44048440**



07092004 Chg-P CR2E034 (10/03)

DOCUMENT # P95000044055			
1. Entity Name MRO INVESTMENTS, INC.			
Principal Place of Business 570 DENARVAEZ DR. LONGBOAT KEY, FL 34228 US		Mailing Address 570 DENARVAEZ DR. LONGBOAT KEY, FL 34228 US	
2. Principal Place of Business 111 10th St. S. Suite, Apt. #, etc. 111		3. Mailing Address 111 10th St. S. Suite, Apt. #, etc. 111	
City & State BRADENTON BEACH, FL		City & State BRADENTON BEACH, FL	
Zip 34217	Country USA	Zip 34217	Country USA
6. Name and Address of Current Registered Agent OFFICER, ROBERT M 570 DE NARVAEZ LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name OFFICER, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 111 10th St. S. #111 City BRADENTON BEACH FL Zip Code 34217	
4. FEI Number 65-0593647			
Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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: <i>Mark Offner</i> Signature typed or printed name of registered agent and title if applicable.		DATE: 7/9/04 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFICER, ROBERT 570 DE NARVAEZ LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 10th St S. - #111 BRADENTON BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Mark Offner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 7-12-04 Date	
		DAYTIME PHONE #: 941-779-9164 Daytime Phone #	