

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90052 005 \*\*\*150.00

**50005746**

**DOCUMENT # P95000044055**

1. Entity Name  
**MRO INVESTMENTS, INC.**



Principal Place of Business <b>111 10TH ST SOUTH</b> <b>111</b> <b>BRADENTON BEACH, FL 34217 US</b>	Mailing Address <b>111 10TH ST SOUTH</b> <b>111</b> <b>BRADENTON BEACH, FL 34217 US</b>
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2. Principal Place of Business <b>2306 58TH ST E</b> Suite, Apt. #, etc.	3. Mailing Address <b>2306 58TH ST E</b> Suite, Apt. #, etc.
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01212005 Chg-P CR2E034 (10/03)

City & State <b>PALMETTO FL</b>	City & State <b>PALMETTO, FL</b>	4. FEI Number <b>65-0593647</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34221</b>	Country <b>MANATEE</b>	Zip <b>34221</b>	Country <b>MANATEE</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**OFFICER, ROBERT M**  
**111 10TH ST SOUTH**  
**#111**  
**BRADENTON BEACH, FL 34217**

7. Name and Address of New Registered Agent

Name **ROBERT M OFFICER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2306 58TH ST E**  
 City **PALMETTO FL** Zip Code **34221**

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: *Robert M Officer* **1-21-05**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFICER, ROBERT 110 10TH ST SOUTH #111 BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROBERT M OFFICER 2306 58TH ST E PALMETTO, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Robert M Officer* **1-21-05** **941-722-9947**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #