

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674501

Entity Name: MPT, INC.

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

250 TALLEYRAND AVENUE
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

240 TALLEYRAND AVENUE
JACKSONVILLE, FL 32202 US

Current Mailing Address:

2740 JOSE ASHTON ROAD
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

116 RIVER PLANTATION RD N
SAINT AUGUSTINE, FL 32092 US

FEI Number: 59-2003632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202 US

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: DP () Delete
Name: THOMAS, JACK H.
Address: 2740 JOSE ASHTON ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DST () Delete
Name: THOMAS, MARY LOUISE
Address: 2740 JOSE ASHTON ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THOMAS, JACK H.
Address: 116 RIVER PLANTATION RD N
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DST (X) Change () Addition
Name: THOMAS, MARY LOUISE
Address: 116 RIVER PLANTATION RD N
City-St-Zip: SAINT AUGUSTINE, FL 32092

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 LOUISE THOMAS

DST

04/06/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date