

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 836520**

1. Entity Name  
**MUTUAL SERVICE CORPORATION**



Principal Place of Business  
**250 AUSTRALIAN AVE S  
STE 1800  
WPB, FL 33401 US**

Mailing Address  
**PO BOX 24777  
WPB, FL 33416-4777 US**



03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-1893570**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STR  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reuniting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000271124  
03/21/05-80032-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DIXON, JOHN L 11043 THYME PALM BEACH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT POFF, JOHN W 13638 GREENTREE TRAIL WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILFS, AUDREY 26922 ROCKING HORSE LN LAGUNA HILLS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD KAMINSKI, DENNIS S. 15585 BELLANCA LN WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHAFFER, GLENN S 1318 COLONY PLAZA, #139 NEW PORT BEACH, CA 92675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, GERALD W 22 CANYON RIDGE IRVINE, CA 92675

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*David C. Becker* **David C. Becker** **3-15-05** **561-835-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #