

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 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**



01092006 No Chg-P CR2E034 (11/05)

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000386652  
01/19/06-80008-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DIXON, JOHN L
STREET ADDRESS	11043 THYME
CITY-ST-ZIP	PALM BEACH GRDNS, FL
TITLE	PT
NAME	POFF, JOHN W
STREET ADDRESS	13638 GREENTREE TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	S
NAME	MILFS, AUDREY
STREET ADDRESS	26922 ROCKING HORSE LN
CITY-ST-ZIP	LAGUNA HILLS, CA
TITLE	EVPD
NAME	KAMINSKI, DENNIS S.
STREET ADDRESS	15585 BELLANCA LN
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	DC
NAME	SCHAFER, GLENN S
STREET ADDRESS	1318 COLONY PLAZA, #139
CITY-ST-ZIP	NEW PORT BEACH, CA 92675
TITLE	D
NAME	ROBINSON, GERALD W
STREET ADDRESS	22 CANYON RIDGE
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David C. Becker* **David C. Becker** 1-206 561-835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #