2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000971

1. Entity Name
MECHANICAL BREAKDOWN ADMINISTRATORS, INCORPORATED

Principal Place of Business	Mailing Address
9419 E SAN SALVADORE SUITE 105 SCOTTSDALE, AZ 85258	9419 E SAN SALVADORE SUITE 105 SCOTTSDALE, AZ 85258

DO NOT WRITE IN THIS SPACE

04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1629339

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALONO, STEVEN M
215 SOUTH MONROE STREET, 2ND FLOOR
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CS
NAME	BROTHERSON, GAYLEN M
STREET ADDRESS	9419 E SAN SALVADORE SUITE 105
CITY-ST-ZIP	SCOTTSDALE, AZ 85258
TITLE	VP
NAME	BROTHERSON, JUDY K
STREET ADDRESS	9419 E SAN SALVADORE SUITE 105
CITY-ST-ZIP	SCOTTSDALE, AZ 85258
TITLE	D
NAME	WILCZEWSKI, GENE
STREET ADDRESS	3608 S 74TH ST
CITY-ST-ZIP	OMAHA, NE 68124
TITLE	D
NAME	CANNON, KEITH
STREET ADDRESS	2300 SHAWN CT
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	D
NAME	BRADY, MICHAEL
STREET ADDRESS	5450 S LAKESHORE DR STE 111
CITY-ST-ZIP	TEMP, AZ 85283
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/04-80015-010 150.00

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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: Gaylen M Brotherson CEO 4/16/04 480-860-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #