

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003031

1. Entity Name
FLORIDA MBS SERVICE COMPANY, INC.



Principal Place of Business

**2711 WEST ASH STREET
COLUMBIA, MO 65203**

Mailing Address

**2711 WEST ASH STREET
COLUMBIA, MO 65203**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1947168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
133 N. DUVAL STREET
TALLAHASSEE, FL 32303**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE C
NAME RIGGIO, LEONARD
STREET ADDRESS 122 FIFTH AVENUE, 4TH FLOOR
CITY ST ZIP NEW YORK, NY 10011

TITLE D
NAME PUGH, ROBERT K
STREET ADDRESS 2711 WEST ASH STREET
CITY ST ZIP COLUMBIA, MO 65203

TITLE P
NAME SCHUPPAN, DAN M
STREET ADDRESS 2711 WEST ASH STREET
CITY ST ZIP COLUMBIA, MO 65203

TITLE TASD
NAME GINGRICH, ANDREW R
STREET ADDRESS 2711 WEST ASH STREET
CITY ST ZIP COLUMBIA, MO 65203

TITLE V
NAME PROPST, DAVID A
STREET ADDRESS 2711 WEST ASH STREET
CITY ST ZIP COLUMBIA, MO 65203

TITLE V
NAME HENDERSON, DAVID G
STREET ADDRESS 2711 WEST ASH STREET
CITY ST ZIP COLUMBIA, MO 65203

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01/31/05-80042-001 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 573445-2243