

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
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



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
155 OFFICE PLAZA DR.
SUITE A
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, MICHAEL N
STREET ADDRESS	1290 AVENUE OF THE AMERICAS
CITY- ST- ZIP	NEW YORK, NY 10104
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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03/27/08-80064-016 150.00

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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 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

Andrew R. Gingrich 3-5-08

Date

Daytime Phone #

573-445-2243