

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005657

1. Entity Name
MDB GROUP, INC.



Principal Place of Business
9269 JULY LN
ST AUGUSTINE, FL 32080

Mailing Address
9269 JULY LN
ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CRZE034 (11/05)

4. FEI Number
31-1278467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, MICHAEL D SR
9269 JULY LN
ST AUGUSTINE, FL 32080

**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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLACK, MICHAEL D SR
9269 JULY LN
ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
BLACK, BEVERLY A
9269 JULY LN
ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000487002
04/13/06 80060-007 150.00

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 807, 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: MDB GROUP, INC. MICHAEL D. BLACK SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06
Date

904 471 4449
Daytime Phone #