2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

DOCUMENT # F75005  1. Entity Name  M & S OF REGENCY, INC.					Secretary of State			
Principal Place of Business .  9720 ATLANTIC BLVD.  JACKSONVILLE FL 32225-8223		Mailing Address 9720 ATLANTIC BLVD. JACKSONVILLE FL 32225-8223				-   (1847 - 1877) - 1878 (77) - 1878 (77) - 1878 (77) - 1878 (77) - 1878 (77) - 1878 (77) - 1878 (77) - 1878 (77)	 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E034 (11/03)		
City & State		City & State		4.	FEI Number 59-217269	<u> </u>	oplied For of Applicat	
Zıp	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Add Fee Require		
AKEL, EDWARD C. 2301 INDEPENDENT SQ., ONE INDEPENDENT DR. JACKSONVILLE FL 32202			Stree	Address (P.O.	rss (P.O. Box Number is Not Acceptable)  FL Zip Code			
Afte	Signature typed or printed name of registered ager  ILE NOW!!! FEE IS \$150.00  May 1, 2004 Fee will be \$550.00  Payable to Florida Department		E. Registered Agent sig	nature required when	9. Election Campaign Trust Fund Contribu		IO May B	
10.	OFFICERS AND	DIRECTORS	11.	£	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	SINII	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SALAMEH, SAMIR E 9720 ATLANTIC BLVD JACKSONVILLE, FL 00000	☐ Delete	THE NAME STREET ADDRES CITY-ST-ZIP	s	UCNOGOD: 01/27/04 <b>-8</b> 0	□ Change 14656 1031-012 150.00	□ A = 1	
TITLE NAME SIREE I ADDRESS CRY-ST-ZIP	D SALAMEH, MUNIR E 9720 ATLANTIC BLVD JACKSONVILLE, FL 00000	☐ Delete	ISTLE NAME STREET AODRES CITY-ST-ZBP	is		☐ Change	_ □ A(¢°	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAMEH, ELIAS S 9720 ATLANTIC BLVD JACKSONVILLE FL 32225	☐ Delete	TRILE MAME STREET ADDRES CHY-SI-ZIP	:5		☐ Change	□ A√C	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP SALAMEH, SUAD S 9720 ATLANTIC BLVD JACKSONVILLE FL 32225	□ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	S		☐ Change	<u> </u>	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES GITY-SY-ZIP	ss		☐ Change	☐ Aúil	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	es		☐ Change	□ Add	

12. I hereby certify that the information supplied with this filling 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| 10 - 04 - 909-72/2-660

**FILED** 

1-10-04 - 904-72/2-660
Date Daving Princ \*