


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F77937 1. Entity Name MEDICAL PEGBOARD SYSTEMS, INC.	
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Principal Place of Business % JUANITA K. MYERS 8319 NORTH HABANA AVE., TAMPA, FL 33614 US	Mailing Address % JUANITA K. MYERS 8319 NORTH HABANA AVE., TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2184054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, JUANITA K PRES
8319 NORTH HABANA AVE
TAMPA, FL 33614

**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 info if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PTD MYERS, JUANITA 8319 NORTH HABANA AVENUE TAMPA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MYERS, JUANITA K. 8319 NORTH HABANA AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, EUGENE 8319 NORTH HABANA AVENUE TAMPA, FL
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01/12/07-80049-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: *Juanita K. Myers* 1/9/07 813-933-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #