

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F77937

1. Entity Name
MEDICAL PEGBOARD SYSTEMS, INC.



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**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2184054	Applied For <input type="checkbox"/> 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 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MYERS, JUANITA
STREET ADDRESS	8319 NORTH HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	STD
NAME	MYERS, JUANITA K.
STREET ADDRESS	8319 NORTH HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	KELLY, EUGENE
STREET ADDRESS	8319 NORTH HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80005-010 150.00

**DO NOT WRITE
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: X **JUANITA K. MYERS**
Juanita K. Myers

1/8/08

813-933-3951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #