

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90057 042 ***150.00

DOCUMENT # F93000004418

1. Entity Name

MBM FUNDING, INC.



Principal Place of Business

2406 GOLDFIELD CT.
GREENSBORO NC 27455

Mailing Address

2406 GOLDFIELD CT.
GREENSBORO NC 27455

2. Principal Place of Business

~~1045 ANASTASIA BLVD.~~

Suite, Apt. #, etc.

3. Mailing Address

~~1045 ANASTASIA BLVD.~~

Suite, Apt. #, etc.

City & State

~~ST. AUGUSTINE~~

City & State

~~ST. AUGUSTINE~~

Zip

Country

Zip

Country

4. FEI Number

56-1838193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREASTER, CYNTHIA
C/O ANASTASIA ATHLETIC CLUB
1045 ANASTASIA BLVD.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

RICHARD ROYAL

Street Address (P.O. Box Number is Not Acceptable)

C/O ANASTASIA ATHLETIC CLUB

1045 ANASTASIA BLVD.

City

ST. AUGUSTINE

FL

Zip Code

32080

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

Richard Royal
Signature, typed or printed name of registered agent and title if applicable.

GENERAL MANAGER

(NOTE: Registered Agent signature required when reinstating)

3/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MANSFIELD, MICHAEL B
STREET ADDRESS 2406 GOLDFIELD COURT
CITY-ST-ZIP GREENSBORO NC 27455

TITLE S ☐ Delete
NAME MANSFIELD, JENNIFER A
STREET ADDRESS 2406 GOLDFIELD CT.
CITY-ST-ZIP GREENSBORO NC 27455

TITLE AS ☐ Delete
NAME SIRMONS, BEN
STREET ADDRESS P.O. DRAW-1559 N/A
CITY-ST-ZIP GREENSBORO NC 27402

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

Daytime Phone #