

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

05 NOV -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004890

1. Entity Name

M.B.S. MANAGEMENT SERVICES, INC.



Principal Place of Business

ONE GALLERIA BLVD., #1950
METAIRIE, LA 70001

Mailing Address

ONE GALLERIA BLVD., #1950
METAIRIE, LA 70001



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number

72-1107655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMUCK, MICHAEL B
13016 LEEDS COURT
TAMPA, FL

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME SMUCK, MICHAEL B
STREET ADDRESS ONE GALLERIA BLVD., #1950
CITY-ST-ZIP METAIRIE, LA 70001

TITLE V
NAME GONZALES, MARY LYNN
STREET ADDRESS ONE GALLERIA BLVD., #1950
CITY-ST-ZIP METAIRIE, LA 70001

TITLE SCD
NAME SMUCK, CAROL A
STREET ADDRESS ONE GALLERIA BLVD., #1950
CITY-ST-ZIP METAIRIE, LA 70001

TITLE COO
NAME COUTURE, BRENT
STREET ADDRESS ONE BALLERIA BLVD., #1950
CITY-ST-ZIP METAIRIE, LA 70001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

REINSTATEMENT

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/05