

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90041 040 ***150.00

DOCUMENT # G38401

1. Entity Name
M.S. FIVE CORPORATION



Principal Place of Business
**1312 W SUGARLAND HWY
CLEWISTON, FL 33440**

Mailing Address
**1312 W SUGARLAND HWY
CLEWISTON, FL 33440**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2364761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANTON, MATTHEW
1312 W. SUGARLAND HWY.
CLEWISTON, FL 33440**

**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, 2006 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	PD S STANTON, MATTHEW RICHARD 1312 W. SUGARLAND HWY. CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANAHAN, MICHAEL DAVID 1312 W. SUGARLAND HWY. CLEWISTON, FL DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Stanton

03/21/06 863-983-8106

DATE

Daytime Phone #