

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H00567

1. Entity Name
MSEI, INC.



FILED
RECEIVED
Apr 02, 2007 08:00 AM
Secretary of State

MADER SOUTHEAST



Principal Place of Business
8150 PRESIDENTS DR.
ORLANDO FL 32809

Mailing Address
8150 PRESIDENTS DR.
ORLANDO FL 32809

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2415354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAILEY, LILBURN R., ESQ.
20 N. EOLA DRIVE
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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

3/24/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 S ☐ Delete
NAME JOHNSON, JEAN
STREET ADDRESS 8150 PRESIDENTS DRIVE
CITY-STATE-ZIP ORLANDO FL 32809

TITLE P ☐ Delete
NAME JOHNSON, THOMAS M SR.
STREET ADDRESS 8150 PRESIDENTS DRIVE
CITY-STATE-ZIP ORLANDO FL 32809

TITLE VP ☐ Delete
NAME JOHNSON, THOMAS M JR
STREET ADDRESS 8150 PRESIDENTS DRIVE
CITY-STATE-ZIP ORLANDO FL 32809

TITLE VP ☐ Delete
NAME MOREHEAD, JAMES
STREET ADDRESS 801 PRESIDENTS DRIVE
CITY-STATE-ZIP ORLANDO FL

TITLE VP ☐ Delete
NAME CODDINGTON, JAMES C
STREET ADDRESS 801 PRESIDENTS DRIVE
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000684516
04/06/07-80035-025 150.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/25/07

407-877-8818