

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90040 001 \*\*\*150.00

**66003320**



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # H31472</b> 1. Entity Name <b>MDM ENTERPRISES, INC.</b>																													
Principal Place of Business <b>1380 CORNER OAKS DR BRANDON FL 33510</b>			Mailing Address <b>1380 CORNER OAKS DR BRANDON FL 33510</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip	Country	Zip	Country	4. FEI Number <b>59-2471990</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>MORTON, MALCOLM DUANE 1380 CORNER OAKS DR BRANDON FL 33510</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when revisiting) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">VPS</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOUGLAS, LINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1380 CORNER OAKS DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRANDON FL 33510</td> <td></td> </tr> </table>			TITLE	VPS	<input type="checkbox"/> Delete	NAME	DOUGLAS, LINDA		STREET ADDRESS	1380 CORNER OAKS DR		CITY- ST- ZIP	BRANDON FL 33510		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PRES.</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MORTON, M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1380 CORNER OAKS, DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BRANDON, FLA. 33510</td> <td></td> </tr> </table>			TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MORTON, M.D.		STREET ADDRESS	1380 CORNER OAKS, DR		CITY- ST- ZIP	BRANDON, FLA. 33510	
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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: <u>M.D. MORTON</u> <i>M.D. Morton</i> 1-25-05      813-684-7208 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																													