



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H87590</b>	
1. Entity Name <b>MTSB ASSOCIATES, INC.</b>	

Principal Place of Business <b>1851 DONNA RD BLDG 5 BAY 232 WEST PALM BEACH, FL 33409 US</b>	Mailing Address <b>P O BOX 11138 RIVERIA BCH, FL 33404 US</b>
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**DO NOT WRITE IN THIS SPACE**

	
02022004 No Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-2628602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ADAMS, RICHARD L 3500 WHITEHALL DR BLDG 10 APT 203 WEST PALM BEACH, FL 33401</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, RICHARD L SR., 3500 WHITEHALL DR BLDG 10 APT 203 W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ADAMS, CHARLES C. 15816 84TH AVE N PALM BCH GDNS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ADAMS, VICKI 15816 84TH AVE NORTH PALM BCH GDNS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** Richard L Adams **RICHARD L ADAMS** 9/1/04 561 684 3248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #