

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 050 ***150.00

DOCUMENT # H87590

1. Entity Name
MTSB ASSOCIATES, INC.



Principal Place of Business
1851 DONNA RD
BLDG 5 BAY 232
WEST PALM BEACH, FL 33409 US

Mailing Address
P O BOX 11138
RIVERIA BCH, FL 33404 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-2628602

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ADAMS, RICHARD L
3500 WHITEHALL DR
BLDG 10 APT 203
WEST PALM BEACH, FL 33401

Name: RICHARD L ADAMS
Street Address (P.O. Box Number's Not Acceptable)
3650 Whitehall Dr
Bldg 2 Apt 305
City: WEST PALM BEACH FL Zip Code 33401

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 Richard L Adams
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/06
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ADAMS, RICHARD L.SR.,
STREET ADDRESS 3500 WHITEHALL DR BLDG 10 APT 203
CITY-ST-ZIP W PALM BEACH, FL 33401

TITLE ☐ Change ☐ Addition
NAME 3650 Whitehall Dr Bldg 2 Apt 305
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME ADAMS, CHARLES C.
STREET ADDRESS 15816 84TH AVE N
CITY-ST-ZIP PALM BCH GDNS, FL 33418

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

TITLE DTS ☐ Delete
NAME ADAMS, VICKI
STREET ADDRESS 15816 84TH AVE NORTH
CITY-ST-ZIP PALM BCH GDNS, FL 33418

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: RICHARD L ADAMS
Richard L Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06
Date

561-684-3248
Daytime Phone #