

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92018

Entity Name: M.L.B., INC.

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

79 E DUNLAWTON  
PORT ORANGE, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291607  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 59-2611920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLSTON, JOHN  
79 E DUNLAWTON  
PORT ORANGE, FL 32119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FREEMAN, JAMES C.,  
Address: 79 E DUNLAWTON  
City-St-Zip: PORT ORANGE, FL

Title: ST ( ) Delete  
Name: GRAHAM, KIM  
Address: 6184 HALF MOON DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: V ( ) Delete  
Name: FREEMAN, JAMES P  
Address: 79 E DUNLAWTON  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FREEMAN, JAMES C.,  
Address: 79 E DUNLAWTON  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: ST (X) Change ( ) Addition  
Name: GRAHAM, KIM  
Address: 6184 HALF MOON DR  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: V (X) Change ( ) Addition  
Name: FREEMAN, JAMES P  
Address: 79 E DUNLAWTON  
City-St-Zip: PORT ORANGE, FL 32129 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM GRAHAM

ST

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date