

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90016 001 ***158.75

DOCUMENT # J09197

1. Entity Name
MTS, INC.



Principal Place of Business
~~% MARTINA M. BOREK~~
~~12110 SOUTHWEST 248TH STREET~~
~~PRINCETON, FL 33032~~

Mailing Address
PO BOX 924641
PRINCETON, FL 33092

2. Principal Place of Business
30025 SW 270ST
Suite, Apt. #, etc.
Homestead

3. Mailing Address

City & State
FLORIDA

City & State

Zip
33031

Country
USA

Zip

Country

04012006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2674405

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

~~BOREK, MARTINA M.~~
~~P.O. BOX 924641~~
~~12110 SW 248 STREET~~
~~PRINCETON, FL 33032~~

Michael Borek
20025 SW 270ST
Homestead FL
33031

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

Michael Borek

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOREK, MICHAEL
STREET ADDRESS 12110 SW 248TH STREET
CITY-ST-ZIP PRINCETON, FL 33032

TITLE VP
NAME BOREK, STEVEN
STREET ADDRESS 20025 SW 270 ST
CITY-ST-ZIP PRINCETON, FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Michael Borek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

Daytime Phone #