

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90277 024 \*\*\*150.00

**DOCUMENT # J74854**

1. Entity Name

MDSB, INC.



Principal Place of Business

*1041*  
1400 SE 17TH ST. *Ste 215*  
FORT LAUDERDALE FL 33316  
US

Mailing Address

*1041*  
1400 SE 17TH ST. *Ste 215*  
FORT LAUDERDALE FL 33316  
US

2. Principal Place of Business

*1041 S.E. 17 St.*

Suite, Apt. #, etc.

*215*

3. Mailing Address

*1041 S.E. 17 St*

Suite, Apt. #, etc.

*215*



MOORE

CR2E034 (11/03)

City & State

*Fort Lauderdale, Fl.*

Zip

*33316*

Country

*US*

City & State

*Fort Lauderdale Fl.*

Zip

*33316*

Country

*US*

4. FEI Number

65-0002284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ERDMAN, VIRGINIA

~~1400 SE 17TH ST.~~ *1041 SE 17 ST*

FORT LAUDERDALE FL 33316

*Ste 215*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*1041 S.E. 17 St. Suite 215*

City

*Fort Lauderdale*

FL

Zip Code

*33316*

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ERDMAN, VIRGINIA  
STREET ADDRESS 2523 BARBARA DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE V ☐ Delete  
NAME WOLC, LYNNETTE  
STREET ADDRESS 4827 MANGET CT  
CITY-ST-ZIP DUNWOODY GA 30338

TITLE S ☐ Delete  
NAME ERDMAN, CARRIE  
STREET ADDRESS 510 SW 8TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE V ☐ Delete  
NAME WOLC, JESSE  
STREET ADDRESS 4827 MANGET CT.  
CITY-ST-ZIP DUNWOODY GA 30338

TITLE T ☐ Delete  
NAME ERDMAN, JAMES  
STREET ADDRESS 2523 BARBARA DR.  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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: *Virginia Erdman* (VIRGINIA ERDMAN, Pres. 7/27/04 954522-8420)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #