

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # L13397

1. Entity Name
MTBD, INC.



Principal Place of Business
413 W 13TH ST
SANFORD, FL 32771

Mailing Address
413 W 13TH ST
SANFORD, FL 32771



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2965632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, WILLIAM P
2555 SO ATLANTIC AVE
SUITE 1707
DAYTONA BEACH SHORES, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MILLER, WILLIAM P
STREET ADDRESS 2555 S ATLANTIC AVE SUITE 1707
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

TITLE VP
NAME CIANCARULO, MICHAEL A.
STREET ADDRESS 225 LAKE WINENISSETTE DR
CITY-ST-ZIP DELAND, FL 32724

TITLE TS
NAME MILLER, DIRK W
STREET ADDRESS 923 CRITTENDEN AVENUE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000785775
01/17/08-80014-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

407-321-4476

Daytime Phone #