


# 2005 FOR PRO CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L53546</b> 1. Entity Name <b>M. P. S. MANAGEMENT, INC.</b>					
Principal Place of Business <b>25730 HICKORY BLVD 126-C BONITA SPRINGS FL 34134 US</b>		Mailing Address <b>25730 HICKORY BLVD 126-C BONITA SPRINGS FL 34134 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			NO-T APPLICABLE		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MICHAEL SCHOVER 25730 HICKORY BLVD APT 126C BONITA SPRINGS FL 34134</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOVER, JANET		NAME	U00000221687	
STREET ADDRESS	25730 HICKORY BLVD APT 126C		STREET ADDRESS	02/09/05-80042-023 150.00	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOVER, MICHAEL		NAME		
STREET ADDRESS	25730 HICKORY BLVD APT 126C		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Michael Schover V.P. 2/5/05 239 495 9611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #