## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED Apr 30, 2007 08:00 AN Secretary of State **DOCUMENT # L55849** MBC ENTERPRISES, INC. Principal Place of Business Mailing Address 113 MAYFAIR CIR 113 MAYFAIR CIR PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 US US 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2993693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FISHER, MICHAEL R. DO NOT WRITE 113 MAYFAIR CIR PALM HARBOR, FL 34683 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 eigent and title if applicable (NOTE: Recistered Apent signature required when rein labout DATE 9. Bection Campaign Financing \$5.00 May 8s FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FISHER, MICHAEL R. NAME STREET ACCRESS 113 MAYFAIR CIR U00000744855 05/16/07-80005-019 150.00 CITY-ST-7/P PALM HARBOR, FL 34683 элп HAME STREET ACCRESS CITY-ST-ZIP 7171 E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAKE STREET ACCRESS CITY-57-ZIP TITLE NAME STREET ACCRESS CFTY-ST-ZIP ππε NAME STREET ACCRESS

12. Thereby certify that the information supplied with this filling 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 it made under oath; that it 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 in

Dovicte Phone 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: