

**.2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90110 049 \*\*\*150.00

**DOCUMENT # L72737**

1. Entity Name  
**M-FLEX CORPORATION**



Principal Place of Business  
**10151 DEERWOOD PARK BLVD  
BLDG 400 STE 350  
JACKSONVILLE, FL 32256-0592 US**

Mailing Address  
**10151 DEERWOOD PARK BLVD  
BLDG 400 STE 350  
JACKSONVILLE, FL 32256-0592 US**

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3010079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VERMUT, RICHARD S  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **DOMINICK, E. LESTER**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD BLD 400, STE 350**  
CITY-ST-ZIP **JACKSONVILLE, FL 322560592**

TITLE **CFO**  
NAME **DAHLENBURG, WILLIAM L.**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD BLD 400, STE 350**  
CITY-ST-ZIP **JACKSONVILLE, FL 322560592**

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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

Date

Daytime Phone #