

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90002 021 ***158.75

DOCUMENT # M70221

1. Entity Name
M & D INDUSTRIES OF ORLANDO, INC.



Principal Place of Business
**650 EIGHTH STREET
CLERMONT, FL 34711 US**

Mailing Address
**650 EIGHTH STREET
CLERMONT, FL 34711 US**

50020180



2. Principal Place of Business
945 Forest Hill Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 135241
Suite, Apt. #, etc.

05192006 Chg-P CR2E034 (11/05)

City & State
Minneola, FL 34715
Zip
34715 Country
LaKE

City & State
Clermont, FL
Zip
34713-5241 Country
LaKE

4. FEI Number
59-2873010 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, DONALD G., SR.
650 EIGHTH STREET
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

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 *[Signature]*
Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

5/22/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILSON, DONALD G., SR**
STREET ADDRESS **650 EIGHTH STREET**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2006 **352-241-4852**
Date Daytime Phone #