

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007844

1. Entity Name

MEDIA PROFESSIONALS OF FLORIDA, INC.



Principal Place of Business

573 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

Mailing Address

573 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756



04012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2088333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MERRILY
1332 YULEE DRIVE
CLEARWATER, FL 33764

**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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MILLER, MERRILY P
573 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROSENBLATT, DAVID
1332 YULEE DR.
CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BROWN, STEVE
11120 INDIAN OAKS DR.
TAMPA, FL 33625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000533204
05/06/06-80114-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

MERRILY MILLER

4/24/06

727 298 079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #