

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002762

FILED
Sep 05, 2006
Secretary of State

Entity Name: M.A.D. DADS OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

7444 PALM RIVER RD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

7444 PALM RIVER RD.
TAMPA, FL 33619

New Mailing Address:

2029 BALFOUR CIR
TAMPA, FL 33619

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MURPHY, JAMES R
2029 BALFOUR CIRCLE
TAMPA, FL 33619 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, JAMES R
Address: 2029 BALFOUR CIRCLE
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: WILLIAMS, RALPH
Address: 3213 PINELLAS PLACE
City-St-Zip: TAMPA, FL 33619

Title: D (X) Delete
Name: BARR, RICHARD SR.
Address: 8230 GUMWOOD DR.
City-St-Zip: TAMPA, FL 33619

Title: VD () Delete
Name: GRAULAU, RALPH
Address: 10412 MAIN ST.
City-St-Zip: THONOTOSASSA, FL 33619

Title: STD () Delete
Name: THOMAS, LARRY D
Address: 6803 20TH AVE. SOUTH
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. MURPHY

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date