

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080444

FILED
Apr 29, 2004
Secretary of State

Entity Name: MDE OF LUTZ, INC.

Current Principal Place of Business:

19239 N. DALE MABRY
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

19317 PIER POINT CT.
LUTZ, FL 33549

New Mailing Address:

19239 N. DALE MABRY
LUTZ, FL 33548

FEI Number: 59-3666515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYSELS, ELISE D
19317 PIER POINT CT.
LUTZ, FL 33549

Name and Address of New Registered Agent:

MYSELS, MICHAEL T
19239 N. DALE MABRY
LUTZ, FL 33548

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: MICHAEL T. MYSELS

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MYSELS, MICHAEL T
Address: 19317 PIER POINT CT.
City-St-Zip: LUTZ, FL 33549

Title: S (X) Delete
Name: MYSELS, DERRICK M
Address: 19317 PIER POINT CT.
City-St-Zip: LUTZ, FL 33549

Title: D (X) Delete
Name: MYSELS, ELISE D
Address: 19317 PIER POINT CT.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MYSELS, MICHAEL T
Address: 19239 N. DALE MABRY
City-St-Zip: LUTZ, FL 33548

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. MYSELS

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date