

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000085857

Entity Name: M.A. 6'5 INC.

FILED  
May 09, 2006  
Secretary of State

## Current Principal Place of Business:

358 W STORY RD  
SUITE B  
OCOOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

1630 E BAY ST.  
WINTER GARDEN, FL 34787

## New Mailing Address:

358 W STORY RD  
SUITE B  
OCOOE, FL 34761

FEI Number: 59-3706185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADKINS, MARQUETTE  
1630 E. BAY ST.  
WINTER GARDEN, FL 34787 US

## Name and Address of New Registered Agent:

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: CEOP ( ) Delete  
Name: ADKINS, MARQUETTE  
Address: 1630 E. BAY STREET ST.  
City-St-Zip: WINTER GARDEN, FL 34480

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: ADKINS, MARQUETTE  
Address: 1630 E. BAY ST.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Change (X) Addition  
Name: BONABY, ELIZABETH C  
Address: 2211 S. E. 66ST  
City-St-Zip: OCALA, FL 34480

Title: TRES ( ) Change (X) Addition  
Name: ADKINS, J. D. SR.  
Address: 1630 E. BAY ST.  
City-St-Zip: WINTER GARDEN, FL 34787

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARQUETTE ADKINS

CEOP

05/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date