

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000087258

1. Entity Name
MTB, INC.



Principal Place of Business

2402 5TH AVENUE
TAMPA, FL 33605

Mailing Address

PO BOX 75466
TAMPA, FL 33675

DO NOT WRITE IN THIS SPACE



03302006

No Chg-P

CR2E034 (11/05)

4. FEI Number
59-3721698

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, C.W. BUCKY
4817 DOSSEYWOOD COURT
LAKELAND, FL 33811

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000501127
04/25/06-80048-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	VANCE, MERVIN A
STREET ADDRESS	159 HEARTHSTONE
CITY-ST-ZIP	EDMUNDTON, AL
TITLE	TDV
NAME	BELL, CHARLES W
STREET ADDRESS	4817 DOSSEYWOOD COURT
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	VSD
NAME	FALTUS, PHILLIP T
STREET ADDRESS	4019 24TH ST SE
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

4-7-06

Date

813-247-3956

Daytime Phone #