


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90104 012 \*\*\*150.00

<b>DOCUMENT # P00000096346</b> 1. Entity Name MBM ENTERPRISES OF LAKE PARK, INC.	
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Principal Place of Business 1440 10TH COURT LAKE PARK, FL 33403	Mailing Address 1440 10TH COURT LAKE PARK, FL 33403
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1052349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
BLISSICK, EDWARD C JR  
1440 10TH COURT  
LAKE PARK, FL 33403

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSER, DAVID K 1608 N MARKET STREET FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLISSICK, EDWARD C 1440 10TH COURT LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSER, CHARLOTTE M 1608 N MARKET STREET FREDERICK, MD 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, MARY ELLEN 4470 REIVEL RD #32 WEST PALM BEACH, FL 33417
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 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 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: Mary Ellen McDonald 1/23/04 (561) 881-8930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #