

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90013 020 ***150.00

DOCUMENT # P02000003509	
1. Entity Name MS SUPPLY CO.	

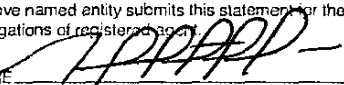
Principal Place of Business 1017 US 301 S C TAMPA, FL 33619	Mailing Address 1017 US 301 S C TAMPA, FL 33619
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2. Principal Place of Business 1017 US 301 South Suite, Apt. #, etc. Suite 101-A	3. Mailing Address P.O. Box 2642 Suite, Apt. #, etc.
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City & State TAMPA, Florida	City & State Brandon, FL
Zip # 33619	Zip 33509-2642
Country H.	Country H.

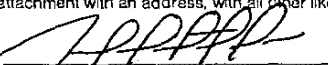
6. Name and Address of Current Registered Agent SANTOS, MANUEL A 1017 US 61 S STE C TAMPA, FL 33619	
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7. Name and Address of New Registered Agent Manuel Santos 1017 US 301 South Suite 101-A TAMPA FL 33619	
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8. 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 	DATE 1/23/2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME SANTOS, MANUEL A		NAME	
STREET ADDRESS 1205 FLEXFORD ST		STREET ADDRESS	
CITY-ST-ZIP BRANDON, FL 33511		CITY-ST-ZIP	
TITLE V	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME SANTOS, MAGDALENA		NAME	
STREET ADDRESS 2025 BELL RANCH ST		STREET ADDRESS	
CITY-ST-ZIP BRANDON, FL 33511		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 	DATE 1/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANUEL SANTOS	