

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 27, 2006 8:00 am
Secretary of State**

07-10-2006 90029 003 ***550.00

DOCUMENT # P02000044535

1. Entity Name
M & B ELECTRONICS INC.



Principal Place of Business
**2954 INDIANWOOD TRAILS
LAKELAND, FL 33810-2033**

Mailing Address
**2954 INDIANWOOD TRAILS
LAKELAND, FL 33810-2033**

DDUCC400



07042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3050841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLYMIRE, MICHAEL R
2954 INDIANWOOD TRAILS
LAKELAND, FL 33810-2033**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLYMIRE, MICHAEL R
STREET ADDRESS	2954 INDIANWOOD TRAILS
CITY-ST-ZIP	LAKELAND, FL 338102033
TITLE	D
NAME	BLYMIRE, GERLINDE
STREET ADDRESS	2954 INDIANWOOD TRAILS
CITY-ST-ZIP	LAKELAND, FL 338102033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Gerlinde Blymire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-06 863-880-5385

Date

Daytime Phone #