

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000046052 1. Entity Name M.P. DISTRIBUTING, INC.					
Principal Place of Business 17220 HAMMOCK LANE PORT ST. LUCIE FL 34987			Mailing Address 17220 HAMMOCK LANE PORT ST. LUCIE FL 34987		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-1006836 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DICANIO, THOMAS V 17220 HAMMOCK LANE PORT ST. LUCIE FL 34987	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT DICANIO, THOMAS V 17220 HAMMOCK LANE PORT SAINT LUCIE FL 34987	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000001250424 03/04/05-80011-016 158.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MOCERI, MARIE A 17220 HAMMOCK LN PORT SAINT LUCIE FL 34987	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #