## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P02000047375**

1. Entity Name



## **FILED** Apr 22, 2004 8:00 am Secretary of State

M&S NATIONAL ENTERPRISES, INC.							04-22-200	74 JOUIZ (	10 1	30.00
Principal Place of Business Mailing Addre 7827 ANTIBES COURT 7827 ANTIB ORLANDO, FL 32817 ORLANDO, F						1 10 3 10 3 11 11				
2. Principal Place of Business . 3.			3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192004	Chg-P	CR2E03	4 (10/03)	
City & State			City & State		4. FEI Number 02-0592	1 <del>2</del> , 1 = 11 = 1			plied For t Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered Ag	ent	
 					Name					
ROBINSON, SCOTT J 7827 ANTIBES COURT ORLANDO, FL 32817					Street Address (P.O. Box Number is Not Acceptable)					
ONDARDO	••									
				City			FL	Zip Code		
	named entiti ions of regisi		r the purpose of changing it	s register	ed office or regis	stered agent, or both	, in the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NO	FE: Registere	ed Agent signature requ	uired when reinstating)		DATE		<del></del> .
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Frust Fund Contribut										
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.0				\$5.00 May Be Added to Fees				
After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.0	Trust Fund Con		A	Added to Fees	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
After Ma	E NOW!!! ay 1, 200	4 Fee will be \$550.	Trust Fund Con	tribution.	□ A	Added to Fees	CHANGES TO OF		DIRECTORS	S IN 11
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After Ma	P ROBINSO 7827 ANT ORLAND	OFFICERS AND	Trust Fund Cor	11. TITE NAM STR	LE AE EET AODRESS Y-ST-ZIP	Added to Fees	CHANGES TO OF		☐ Change	Addition
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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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

407-702-4902