

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90058 045 ***150.00

DOCUMENT # P02000093323					
1. Entity Name MY THREE SONS ENTERPRISE, INC.					
Principal Place of Business 442 SE VOLKERTS TERRACE PORT ST. LUCIE, FL 34983 US			Mailing Address 442 SE VOLKERTS TERRACE PORT ST. LUCIE, FL 34983 US		
2. Principal Place of Business 1730 SE Port St. Lucie		3. Mailing Address 3408 SE Bevil Ave			
Suite, Apt. #, etc. Blue		Suite, Apt. #, etc.			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 38-3658106	
Zip 34952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGOLD, MICHAEL 442 SE VOLKERTS TERRACE PORT ST. LUCIE, FL 34983			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3408 SE Bevil Avenue City Port St. Lucie FL Zip Code 34984		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MANGOLD, MICHAEL J STREET ADDRESS 442 SE VOLKERTS TERRACE CITY - ST - ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 3408 SE Bevil Ave CITY - ST - ZIP Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME MANGOLD, CAROL A STREET ADDRESS 442 SE VOLKERTS TERRACE CITY - ST - ZIP PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 3408 SE Bevil Ave CITY - ST - ZIP Port St. Lucie FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-30-06 Daytime Phone #: 772-337-3333		