

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 038 ***150.00

DOCUMENT # P03000000883

1. Entity Name
MPBD, INC.



Principal Place of Business
611 101 ST STREET OCEAN
MARATHON, FL 33050

Mailing Address
611 101 ST STREET OCEAN
MARATHON, FL 33050

50011963



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0496525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUHMACHER, HALFORD G
10977 OVERSEAS HIGHWAY
MARATHON, FL 33050

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DANIELS, WILLIAM S
STREET ADDRESS	11290 OVERSEAS HIGHWAY 11400 Overseas Hwy #104
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	VP
NAME	DANIELS, WILLIAM M
STREET ADDRESS	11290 OVERSEAS HIGHWAY 11400 Overseas Hwy #104
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	ST
NAME	HOLBERT, PAMELA
STREET ADDRESS	11290 OVERSEAS HIGHWAY 11400 Overseas Hwy #104
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

305-481-0736

Daytime Phone #