

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90006 019 ***158.75

DOCUMENT # P03000016507

1. Entity Name
MR. LANDLORD INC.



Principal Place of Business
861 S.W. DEGROODT ROAD
PALM BAY, FL 32908

Mailing Address
861 S.W. DEGROODT ROAD
PALM BAY, FL 32908

2. Principal Place of Business
2263 WEST NEW HEAVEN AVE
Suite, Apt. #, etc.
SUITE # 442

3. Mailing Address
2263 WEST NEW HEAVEN AVE
Suite, Apt. #, etc.
SUITE # 442

City & State
WEST MELBOURNE, FLORIDA
Zip
32904
Country
USA

City & State
WEST MELBOURNE, FLORIDA
Zip
32904
Country
USA

09082004

Chg-P

CR2E034 (10/03)

4. FEI Number
57-1157850

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GHAWI, AZIZ
861 S.W. DEGROODT ROAD
PALM BAY, FL 32908

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 AZIZ GHAWI, PRESIDENT

(NOTE: Registered agent signature required when reappointing)

9-12-04

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GHAWI, AZIZ 861 S.W. DEGROODT ROAD PALM BAY, FL 32908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GHAWI, SANDY 861 S.W. DEGROODT ROAD PALM BAY, FL 32908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<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)(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

9-12-04

Date

321-243-7000

Daytime Phone #