

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90057 040 ***150.00

DOCUMENT # P03000024353 1. Entity Name MRCB HOLDINGS, INC.					
Principal Place of Business 430 EIGHTH AVE WEST PALMETTO, FL 34221			Mailing Address 430 EIGHTH AVE WEST PALMETTO, FL 34221		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NEUHAUSER, JON R 430 EIGHTH AVE WEST PALMETTO, FL 34221			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) DATE</small>					
FILE NOW!!! FEES \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANGFORD, W. ALLEN 430 8TH AVE WEST PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD NEUHAUSER, JON R 430 8TH AVE WEST PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ROWLETT, C.M. 4808 9TH AVE W BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Robert N. Spencer 4320 Riverview Blvd Bradenton FL 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, JAMES E 4807 RIVERVIEW BLVD BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONYERS, ALBERT 2908 NORTH AVE C WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D William R. Rice 3716 Coconut Terrace Bradenton, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAPES, REED W 1156 12TH ST W BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cameron Dakin 41000 State Road 70 East Myakka City, FL 34251 <input type="checkbox"/> Change <input checked="" 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: <i>Jon R Neuhauser</i> JON R NEUHAUSER			Date 2/5/08 Daytime Phone # 941-722-2992		