


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90023 044 \*\*\*150.00

<b>DOCUMENT # P03000038007</b> 1. Entity Name <b>M.D.R. TEAM, INC.</b>					
Principal Place of Business <b>7384 SHELBY LANE PENSACOLA, FL 32526</b>			Mailing Address <b>7384 SHELBY LANE PENSACOLA, FL 32526</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3771804</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOORE, MICHAEL D 7384 SHELBY LANE PENSACOLA, FL 32526</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, MICHAEL D		NAME	MICHAEL O. MOORE SR	
STREET ADDRESS	7384 SHELBY LANE		STREET ADDRESS	7384 SHELBY LANE	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	<input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DELL SUSAN MOORE	
STREET ADDRESS			STREET ADDRESS	7384 SHELBY LANE	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>M.D. Moore SR</u> M.D. MOORE SR			1-07-04 944-0506		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		