

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90024 003 ***150.00

DOCUMENT # P03000043868

1. Entity Name
MDS & SONS, INC.



Principal Place of Business
**1403 HOLMES AVE
TOMS RIVER, NJ 08753**

Mailing Address
**1403 HOLMES AVE
TOMS RIVER, NJ 08753**

94030548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

37-1464341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, ADRON H
3119 MANATEE AVE WEST
BRADENTON, FL 34205**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DOROTHY GLAWSON	
STREET ADDRESS	1403 HOLMES AVE.	
CITY-ST-ZIP	TOMS RIVER, NJ 08753	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	MARIA KIRBY	
STREET ADDRESS	68 ALEXANDER AVE.	
CITY-ST-ZIP	NUTLEY, NJ 07110	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	STEPHEN GLAWSON	
STREET ADDRESS	1403 HOLMES AVE.	
CITY-ST-ZIP	TOMS RIVER, NJ 08753	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DENNIS MICHAEL KIRBY	
STREET ADDRESS	68 ALEXANDER AVE.	
CITY-ST-ZIP	NUTLEY, NJ 07110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Dorothy Glawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #