

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

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**



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1464341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2007 Fee will be \$550.00**

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

**U000000670077
03/27/07-80097-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLAWSON, DOROTHY
STREET ADDRESS	1403 HOLMES AVE
CITY-ST-ZIP	TOMS RIVER, NJ 08753

TITLE	V
NAME	KIRBY, MARIA
STREET ADDRESS	68 ALEXANDER AVE
CITY-ST-ZIP	NUTLEY, NJ 07110

TITLE	D
NAME	GLAWSON, STEPHEN
STREET ADDRESS	1403 HOLMES AVE
CITY-ST-ZIP	TOMS RIVER, NJ 08753

TITLE	D
NAME	KIRBY, DENNIS M
STREET ADDRESS	68 ALEXANDER AVE
CITY-ST-ZIP	NUTLEY, NJ 07110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/07 732-929-0208