


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000054102**  
1. Entity Name  
**M SQUARE HOLDINGS, INC.**



Principal Place of Business      Mailing Address  
**1884 SOUTH LANDGUARD ROAD      1884 SOUTH LANDGUARD ROAD**  
**ST. AUGUSTINE, FL 32092      ST. AUGUSTINE, FL 32092**

**DO NOT WRITE IN THIS SPACE**



04012005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0029294**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MATHEWS, MONTY J**  
**1884 SOUTH LANDGUARD ROAD**  
**ST. AUGUSTINE, FL 32092**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATHEWS, MONTY J
STREET ADDRESS	1884 SOUTH LANDGUARD ROAD
CITY - ST - ZIP	ST. AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/24/05-80004-009. 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE: *Monty J Mathews*      4/8/05      904-230-4300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #