## **2008 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P03000054102** M SQUARE HOLDINGS, INC. Mailing Address Principal Place of Business 2133 WEST QUAY ROAD 2133 WEST QUAY ROAD ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092 03272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0029294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MATHEWS, MONTY J 2133 WEST QUAY ROAD ST. AUGUSTINE, FL 32092 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 U000000948266 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MATHEWS, MONTY J NAME 2133 WEST QUAY ROAD STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32092 TITLE NAME STREET ADDRESS City-S1-7iP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does of qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the corporation or the receiver or trules 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

NAME STREET ADDRESS CITY-ST-ZIP TITLE