

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90100 001 ***300.00

DOCUMENT # P03000075121

1. Entity Name
MOBILE DOCUMENT SHREDDING, INC.



Principal Place of Business

5518 FORCE FOUR PARKWAY
102
ORLANDO, FL 32809

Mailing Address

P O BOX 540417
ORLANDO, FL 32854

660000171



2. Principal Place of Business

6357 All American Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006

Chg-P

CR2E034 (11/05)

City & State

Orlando FL

City & State

4. FEI Number

20-3603333

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOREMUS, JOE
5518 FORCE FOUR PKWY
102
ORLANDO, FL 32809

7. Name and Address of New Registered Agent

Name Joe Doremus

Street Address (P.O. Box Number is Not Acceptable)

6357 All American Blvd

City ORLANDO

FL

Zip Code 32810

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

Joe Doremus Joe Doremus Pres

1/6/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DOREMUS, JOE
STREET ADDRESS P O BOX 540417
CITY-ST-ZIP ORLANDO, FL 32854 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES.
NAME Joe Doremus
STREET ADDRESS P O Box 540417
CITY-ST-ZIP ORLANDO FL 32854 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joe Doremus Joe Doremus

1/6/06

407850190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #