

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000094368**

1. Entity Name  
**MDPAR5, INC.**



Principal Place of Business  
**16643 ROCKWELL HEIGHTS LANE  
CLERMONT, FL 34711**

Mailing Address  
**16643 ROCKWELL HEIGHTS LANE  
CLERMONT, FL 34711**

**05-28-2004 90003 009 \*\*\*150.00**

**05-28-2004 90003 009 \*\*\*150.00**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**03242004 Chg-P CR2E034 (10/03)**

4. FEI Number

**45-0522994**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DELANEY, MICHAEL W  
16643 ROCKWELL HEIGHTS LANE  
CLERMONT, FL 34711**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
DELANEY, MICHAEL W  
16643 ROCKWELL HEIGHTS LANE  
CLERMONT, FL 34711**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
DELANEY, PATRICIA A  
16643 ROCKWELL HEIGHTS LANE  
CLERMONT, FL 34711**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 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: Patricia A. Delaney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/11/04**

**352341341**

Date

Daytime Phone #



*Attachment*

54055785

*Assured Accounting Concepts, Inc.*

240 Mohawk Road  
Clermont, Florida 34711  
352-394-4048  
Fax 352-394-3272

# PO 30000 94368  
119 W. Lemon Street  
Lady Lake, Florida 32159  
352-753-1337  
Fax 352-753-9336

May 26, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

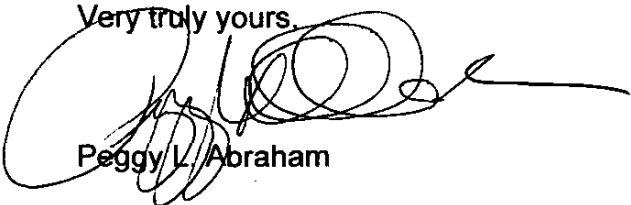
Re: MDPAR5, Inc.  
45-0522994

Dear Sir or Madam:

Enclosed please find the 2004 Uniform Business Report for the above referenced taxpayer. Also enclosed please find check #1009 in the amount of \$150.00. Mr. Delaney did not receive the postcard for the filing instructions of the Uniform Business Report and as a new shareholder was unaware of the annual filing.

We kindly request that you waive the filing penalty as this would cause a financial burden on this small corporation.

Very truly yours,



Peggy L. Abraham

PLA/mm  
Encs.