

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90008 031 \*\*\*150.00

**44045821**



05072004 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0477871

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

**DOCUMENT # P03000143667**  
1. Entity Name  
MDI SERVE, INC.



Principal Place of Business  
P. O. BOX 261554  
TAMPA, FL 33683-1554

Mailing Address  
P. O. BOX 261554  
TAMPA, FL 33683-1554

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
5401 Central Avenue  
Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

Zip  
33710

6. Name and Address of Current Registered Agent  
AGENTS AND CORPORATIONS, INC.  
773 4TH AVE. NORTH, SUITE E  
NAPLES, FL 34102

7. Name and Address of New Registered Agent  
Name  
Carol McAtee  
Street Address (P.O. Box Number is Not Acceptable)  
5401 Central Avenue  
City  
St. Petersburg FL Zip Code  
33710

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: Carol McAtee, CPA DATE: 5-7-04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel Malloy P O Box 261554 Tampa, FL 33683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of all other like empowered.

SIGNATURE: Dan Malloy DATE: 5/10/04 PHONE: 813-885-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR