


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000156422 1. Entity Name M & S COMMUNICATIONS OF N.W. FLORIDA, INC.	
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Principal Place of Business 107 RED MAPLE WAY NICEVILLE, FL 32578	Mailing Address 107 RED MAPLE WAY NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0794034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HICKS, MICHAEL 107 RED MAPLE WAY NICEVILLE, FL 32578

**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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000788659 01/18/08-80050-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HICKS, SHELLY
STREET ADDRESS	107 RED MAPLE WAY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	HICKS, MICHAEL
STREET ADDRESS	107 RED MAPLE WAY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Shelly A. Hicks</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/14/07</u> <small>Date</small>	<u>850-685-1102</u> <small>Daytime Phone #</small>
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