

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 021 ***150.00

DOCUMENT # P04000032665

1. Entity Name
4MD2, INC.



Principal Place of Business
**547A SCHNEIDER DRIVE
FT. WALTON BEACH, FL 32547**

Mailing Address
**547A SCHNEIDER DRIVE
FT. WALTON BEACH, FL 32547**

50059280



2. Principal Place of Business

3. Mailing Address

1028 Highland Lakes Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212005

Chg-P

CR2E034 (10/03)

City & State

City & State

Birmingham, AL

4. FEI Number

20-0789068

Applied For

Not Applicable

Zip

Country

35242

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORELLI, JOANN
547A SCHNEIDER DRIVE
FT. WALTON BEACH, FL 32547**

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 \$550.00
Due by September 7, 2005**

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
**P
HOOPER, GUY D
547A SCHNEIDER DRIVE
FT. WALTON BEACH, FL 32547**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1028 Highland Lakes Trace
Birmingham, AL 35242**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HOOPER, MYRA L
547A SCHNEIDER DRIVE
FT. WALTON BEACH, FL 32547**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1028 Highland Lakes Trace
Birmingham, AL 35242**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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 of the like empowered.

SIGNATURE:

G. DuWane Hooper President

Date

Daytime Phone #

7/27/05 283 4209

1028 Highland Lakes Trace
Birmingham, Alabama 35242
205-999-6209
205-408-1719 fax
duwanehooper@msn.com
visit us at 4md2.com

ATTACHMENT
P04000032665
50059280



July 27, 2005

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs and Ladies,

Please find enclosed the 2005 Annual Report for Profit Corporation. I have also enclosed a check for \$150.00 to cover the fee. I never received any notice until the "Intent To Dissolve". After talking with your department, I was asked to send in a letter stating this fact and that, in deed, a check for the above amount would be acceptable.

Also, I have made changes to the mailing address on the form to prevent future problems with reports such as these. My agent of record has not changed.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. DuWane Hooper', with a long, sweeping horizontal line extending to the right.

G. DuWane Hooper
President