

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90149 043 ***150.00

DOCUMENT # P04000035263

1. Entity Name

MSB TRADING, INC.



Principal Place of Business

**427 MARION OAKS GOLFWAY
OCALA FL 34473**

Mailing Address

**427 MARION OAKS GOLFWAY
OCALA FL 34473**



2. Principal Place of Business

427 MARION OAKS GOLFWAY
Suite, Apt. #, etc.

3. Mailing Address

427 MARION OAKS GOLFWAY
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

OCALA FL.

City & State

OCALA FL.

4. FEI Number

86-1103767

Applied For

Not Applicable

Zip

34473

Country

USA

Zip

34473

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROGDEN, PETER MICHAEL
427 MARION OAKS GOLFWAY
OCALA FL 34473**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
☐ Delete

**D
BROGDEN, PETER MICHAEL
427 MARION OAKS GOLFWAY
OCALA FL 34473**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **P. M. BROGDEN**

P. M. Brogden

4/7/06

352-347-6591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #