

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000085871

1. Entity Name

MTP MANAGEMENT, INC.



Principal Place of Business

2020 SEVEN SPRINGS BOULEVARD
NEW PORT RICHEY, FL 34655 US

Mailing Address

2020 SEVEN SPRINGS BOULEVARD
NEW PORT RICHEY, FL 34655 US

FILED

Apr 30, 2007 08:00 AM

Secretary of State



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1191242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERICH, DR. LARRY
2020 SEVEN SPRINGS BOULEVARD
NEW PORT RICHEY, FL 34655

**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

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, 2007 Fee will be \$550.00**

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 |
|-------|-------------------|------------------------------|---------------------------|
| | D,P | | |
| | PERICH, DR. LARRY | 2020 SEVEN SPRINGS BOULEVARD | NEW PORT RICHEY, FL 34655 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
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05/16/07-80012-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/07 727 372 1311