

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

163.75

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 021 ***163.75

DOCUMENT # P04000098320

1. Entity Name

M & R INVESTMENT CONSULTING, INC.



Principal Place of Business

**315 ARBOR GLEN DRIVE
PALM HARBOR FL 34683**

Mailing Address

**315 ARBOR GLEN DRIVE
PALM HARBOR FL 34683**

2. Principal Place of Business

315 ARBOR GLEN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

315 Arbor Glen Drive

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

Palm Harbor FL

Zip
34683

Country
USA

Zip
34683

Country
USA

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASADIPOUR, MORTEZA
315 ARBOR GLEN DRIVE
PALM HARBOR FL 34683**

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 revalidating)

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

D ☐ Delete
ASADIPOUR, MORTEZA
315 ARBOR GLEN DRIVE
PALM HARBOR FL 34683

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Morteza Asadipour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06

Date

727-278-3846

Daytime Phone #