

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123033

Entity Name: MBP GROUP, INC.

FILED  
Aug 21, 2005  
Secretary of State

**Current Principal Place of Business:**

1021 LAKESIDE DRIVE  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

1021 LAKESIDE DRIVE  
LARGO, FL 33778

**New Mailing Address:**

FEI Number: 03-0548550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WARK, MARK M  
1021 LAKESIDE DRIVE  
LARGO, FL 33778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WARK, MARK M  
Address: 1021 LAKESIDE DRIVE  
City-St-Zip: LARGO, FL 33778

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WARK, MARK M  
Address: 1021 LAKESIDE DRIVE  
City-St-Zip: LARGO, FL 33778

Title: V ( ) Change (X) Addition  
Name: HOFFMAN, JOHN M  
Address: 13333 RIDGE ROAD  
City-St-Zip: LARGO, FL 33778

Title: S ( ) Change (X) Addition  
Name: WARK, KAREN L  
Address: 1021 LAKESIDE DRIVE  
City-St-Zip: LARGO, FL 33778

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK M. WARK

P

08/21/2005

Electronic Signature of Signing Officer or Director

Date