2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2006
Secretary of State

DOCUMENT# P04000167451

Entity Name: MLSR FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

5641 GLENCREST BLVD
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

5641 GLENCREST BLVD
TAMPA, FL 33625

New Mailing Address:

FEI Number: 56-2492893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHISON, MICHAEL K
5641 GLENCREST BLVD
TAMPA, FL 33625 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 ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MATHISON, MICHAEL K
Address: 5641 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: V ( ) Delete
Name: HAWLEY-MATHISON, LORI
Address: 5641 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: V ( ) Delete
Name: HAWLEY, STEFANIE
Address: 5641 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

Title: V ( ) Delete
Name: MATHISON, RACHEL
Address: 5641 GLENCREST BLVD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL K. MATHISON P 07/16/2006

Electronic Signature of Signing Officer or Director Date