FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90293 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000007702

1. Entity Name
MEDIA SOLUTIONS & SERVICES, INC.

660132U6

04062006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1400 SW CHAPMAN WAY SUITE C PALM CITY, FL 34990	1400 SW CHAPMAN WAY SUITE C PALM CITY, FL 34990

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2175453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODBREAD, MICHAEL E JR
FOWLER WHITE BOGGS BANKER P.A.
50 NORTH LAURA ST, STE 2200
JACKSONVILLE, FL 32202

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~William J. McEntee III~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William J. McEntee III 1400 SW Chapman Way, Suite C Palm City FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] William J. McEntee III 4/10/06 561-876-7328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66013206

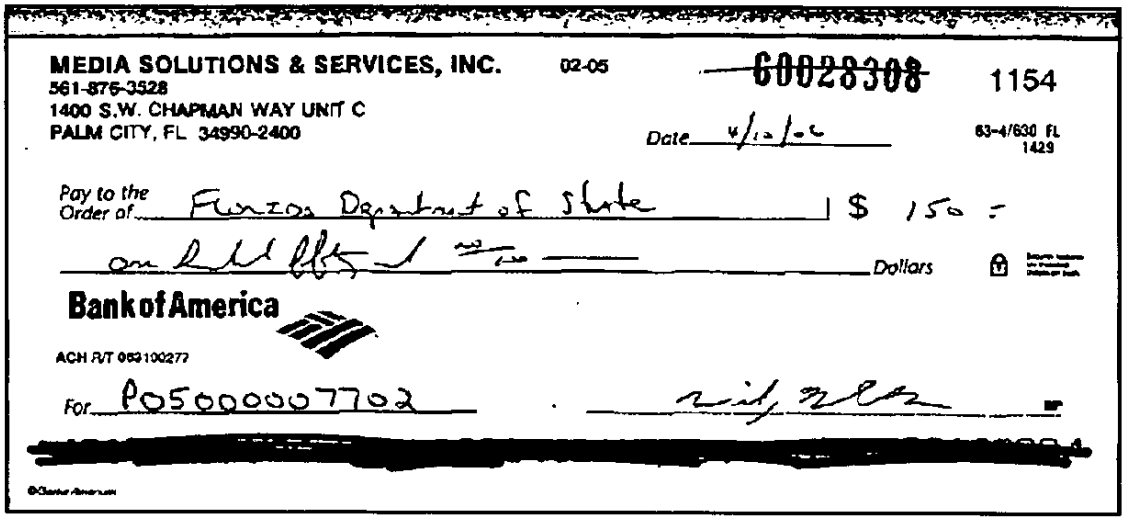
#P0500007702

Bank of America Higher Standards Online Ba

Check Image – Front and Back

Posting Date: 04/18/2006 **Check #:** 1154 **Amount:** $150.00

Reference: 86540759908 **Account:** DDA-4281 **Nickname:**



MEDIA SOLUTIONS & SERVICES, INC.
561-575-3528
1400 S.W. CHAPMAN WAY UNIT C
PALM CITY, FL 34990-2400

02-05 ~~60028308~~ 1154

Date 4/12/06 63-4/630 FL 1429

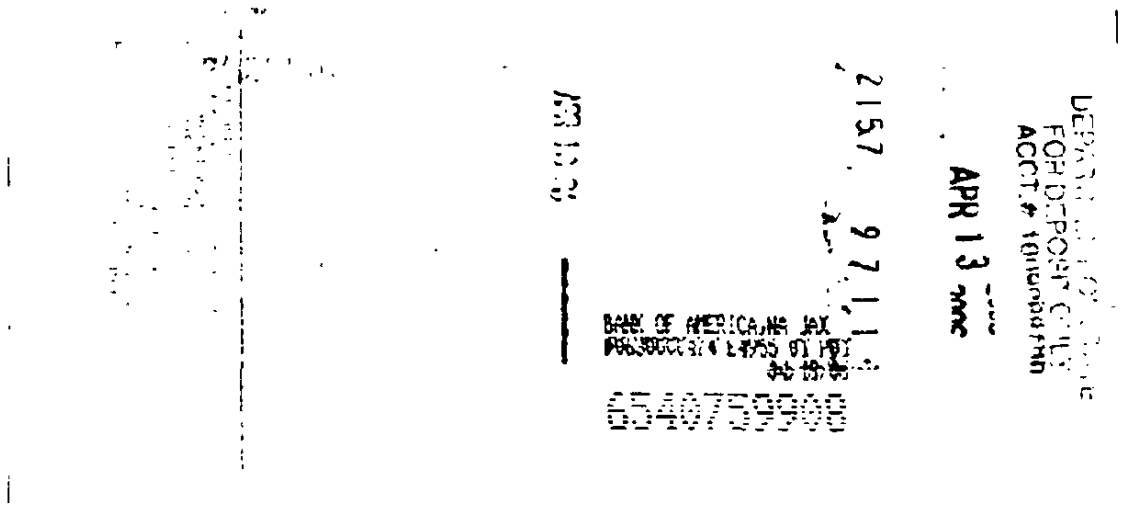
Pay to the Order of Florida Department of State $ 150 =

one hundred fifty and no/100 Dollars

Bank of America

ACH R/T 063100277

For P0500007702



APR 13

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