

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000015315

1. Entity Name
MOLD PROS, INC.



FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90368 034 ***150.00

Principal Place of Business
3715 S.E. 21ST AVENUE
CAPE CORAL, FL 33904

Mailing Address
3715 S.E. 21ST AVENUE
CAPE CORAL, FL 33904

4003001



2. Principal Place of Business
1939 S.E. 32nd Terr
Suite, Apt. #, etc.

3. Mailing Address
1939 S.E. 32nd Terr
Suite, Apt. #, etc.

City & State
Cape Coral FL
Zip 33904 Country U.S.

City & State
Cape Coral FL
Zip 33904 Country U.S.

03102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2269292
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WILLIAM R
3715 S.E. 21ST AVENUE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

3. 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 *William R Smith*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/06

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM R	
STREET ADDRESS	3715 S.E. 21ST AVENUE	
CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA	
STREET ADDRESS	3703 SW 21ST AVENUE	
CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1939 SE 32nd Terr	
CITY - ST - ZIP	Cape Coral, FL 33904	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	124 SE 6th St	
CITY - ST - ZIP	Cape Coral, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *William R Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 239-945-2228

Date

Daytime Phone #