

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90183 030 ***150.00

60037120



04272006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2689526** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, ROBERT W 5425 NEW JERSEY AVE DELOEN SPRINGS, FL 32130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, DEAN E 275 MONTEREY DRIVE NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EVERHART, STEVEN A 1613 SOUTH DEFIANCE STREET ARCHBOLD, OH 43502	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven A. Everhart* 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60037120
705000053393

STATE TAX RETURN FILING INSTRUCTIONS

2006 FOR PROFIT CORPORATION ANNUAL RETURN

Prepared for *MBC Holdings of Florida, Inc.
5425 New Jersey Ave.
Deloen Springs, FL 32130*

Prepared by *Plante & Moran, PLLC
P.O. BOX 353090
TOLEDO, OHIO 43635-3090
(419) 843-6000*

Amount of tax

1. Your refund is \$ **0.00**.
2. Your overpayment applied to next year is \$ **0.00**.
3. Your balance due is \$ **150.00**.

Make check payable to *Florida Department of State*

Mail tax return to *Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500*

An envelope with the proper address is enclosed for your convenience.

Return must be mailed on or before *May 1, 2006*

Special Instructions

Please note the following checked items.

- ☒ 1. Sign and date the return.
- ☒ 2. Write your federal identification number/social security number on the check.
- ☒ 3. Place your copy in safe keeping.
- 4. Other