

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000053393

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** MBC HOLDINGS OF FLORIDA, INC.

**Current Principal Place of Business:**

5425 NEW JERSEY AVE  
DELOEN SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

5425 NEW JERSEY AVE  
DELOEN SPRINGS, FL 32130

**New Mailing Address:**

**FEI Number:** 20-2689526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MILLER, ROBERT W  
**Address:** 5425 NEW JERSEY AVE  
**City-St-Zip:** DELOEN SPRINGS, FL 32130

**Title:** D  
**Name:** MILLER, DEAN E  
**Address:** 275 MONTEREY DRIVE  
**City-St-Zip:** NAPLES, FL 34119

**Title:** ST  
**Name:** MOORE, TERRY J  
**Address:** 1613 SOUTH DEFIANCE STREET  
**City-St-Zip:** ARCHBOLD, OH 43502

**Title:** P  
**Name:** MILLER, BRADLEY D  
**Address:** 1613 S DEFIANCE STREET  
**City-St-Zip:** ARCHBOLD, OH 43502

I hereby 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 all other like empowered.

**SIGNATURE:** TERRY J. MOORE

ST

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date