2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 01, 2006 8:00 am Secretary of State DOCUMENT # P05000055063 1. Entity Name 09-01-2006 90002 032 ***150.00 MD COPY SERVICE INCORPORATED Principal Place of Business Mailing Address 215-20TH AVENUE CKS BEACH FL 33785 12090 144th LN. LAMSO, FL 33774 Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) City & State 4. FEI Number 20-268209 City & State Applied For Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISOM, DANNY 215 20TH AVENUE Street Address (P.O. Box Number is Not Acceptable) INDIAN ROCKS BEACHTL 99785 12090 /44th LN. N. 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. (NOTE: Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ME Addition ISOM, DANNY 12080 144th LN. NAME NAME 215-20TH AVENUE STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 99785 LANCO 33774 CITY-ST-7P CiTY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME 215-20TH AVENUE 12090 144th LW.W. STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 1-ANO, 33774 TBY-S(-7P) CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY - ST - 7IP TITLE ☐ Detete me ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen with an address, with all other like empowered SIGNATURE:

FILED

Daytime Phone #