

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90138 001 ***450.00

DOCUMENT # P05000067701

1. Entity Name
MDINABOX, INC.



Principal Place of Business
205 WALNUT ST. - UP
NEPTUNE BEACH, FL 32266

Mailing Address
P.O. BOX 330298
ATLANTIC BEACH, FL 32233-0298

66005966



2. Principal Place of Business - No P.O. Box #
50 SW 1st Avenue

3. Mailing Address
3101 SW 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#905-106

02132007

Chg-P

CR2E034 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
30-0315148

Applied For
Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LORRY S
205 WALNUT ST. - UP
NEPTUNE BEACH, FL 32266

7. Name and Address of New Registered Agent

Name
Chester J. Trow, P.A.
Street Address (P.O. Box Number is Not Acceptable)
21 North Magnolia Avenue
Second Floor
City
Ocala FL Zip Code
34475

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.

Thomas J. Dobbins

3/19/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMS, DOROTHY ESQ
P.O. BOX 3188
OCALA, FL 34478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, LORRY S
P.O. BOX 330298
ATLANTIC BEACH, FL 322330298 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

Dorothy C. Sims

3/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #