

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90013 022 ***150.00

DOCUMENT # P05000136067

1. Entity Name
M.D. GLOBAL SUPPLY CORPORATION



Principal Place of Business
**5121 EHRlich ROAD
SUITE 110B
TAMPA, FL 33624 US**

Mailing Address
**5121 EHRlich ROAD
SUITE 110B
TAMPA, FL 33624 US**

40043979



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-3570993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, MICHAEL W
5121 EHRlich ROAD
SUITE 102B
TAMPA, FL 33624**

Name **Rowe, Michael W**

Street Address (P.O. Box Number is Not Acceptable)

5121 EHRlich Road, Suite 102A

City **TAMPA**

FL

Zip Code
33624

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 **Michael W Rowe**

Michael W. Rowe

3/26/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
ROWE, MICHAEL W
5121 EHRlich ROAD SUITE 102B
TAMPA, FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5121 EHRlich Road, Suite 102A ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROWE, MICHAEL W
5121 EHRlich ROAD SUITE 102B
TAMPA, FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5121 EHRlich Road, Suite 102A ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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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: **Michael W Rowe**

Michael W. Rowe 3/26/07 8132441520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #