

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151532

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: M & S PROPERTIES OF CLEARWATER, INC.

## Current Principal Place of Business:

1610 ELMWOOD STREET  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1624  
CLEARWATER, FL 33757

## New Mailing Address:

FEI Number: 20-3768458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLATTE, DAVID E  
603 INDIAN ROCKS RD  
BELLEAIR, FL 33756 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MELE, IRENE P  
Address: PO BOX 1624  
City-St-Zip: CLEARWATER, FL 33757 US

Title: DVP ( ) Delete  
Name: MELE, ROBERT A  
Address: PO BOX 1624  
City-St-Zip: CLEARWATER, FL 33757 US

Title: DVP ( ) Delete  
Name: SORENSEN, SHAWN G  
Address: 611 S FT HARRIOSN, STE 188  
City-St-Zip: CLEARWATER, FL 33756 US

Title: DS ( ) Delete  
Name: SORENSEN, ARDELLA MAE  
Address: 611 S FT HARRIOSN STE 188  
City-St-Zip: CLEARWATER, FL 33756 US

Title: DT ( ) Delete  
Name: MELE, ROXANNE MARIE  
Address: 1610 ELMWOOD STREET  
City-St-Zip: CLEARWATER, FL 33755 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE P MELE

PRES

04/12/2009

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

\_\_\_\_\_  
Date