

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2007 8:00 am
Secretary of State

05-10-2007 90029 016 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000013253 1. Entity Name M & A TRANSITION SERVICES, INC.					
Principal Place of Business 852 GARDEN GLEN LOOP LAKE MARY FL 32746			Mailing Address 852 GARDEN GLEN LOOP LAKE MARY FL 32746		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 22-3920939	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VELMONTE, BENJAMIN V CPA 2183 US HIGHWAY 27 N SEBRING FL 33870				7. Name and Address of New Registered Agent Name ROY A SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 852 GARDEN GLEN LOOP City Lake Mary FL Zip Code 32746	
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 03-20-07 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SANCHEZ, ROY 852 GARDEN GLEN LOOP LAKE MARY FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SANCHEZ, MARIA B 852 GARDEN GLEN LOOP LAKE MARY FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			3-20-07 <small>Date Daytime Phone #</small>		