
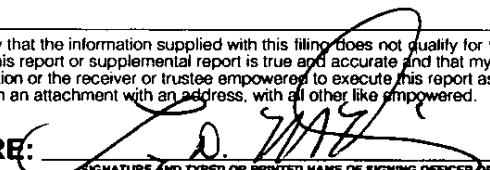


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90024 030 ***150.00

DOCUMENT # P06000017852 1. Entity Name M & D SPORTS PUB, INC.					
Principal Place of Business 12435 WINDMILL COVE DR 1703 E. OAK ST 12435 WINDMILL COVE DR 1703 E. OAK ST RIVERVIEW, FL 33569 ARCADIA, FL 34266 RIVERVIEW, FL 33569 ARCADIA, FL 34266				Mailing Address 12435 WINDMILL COVE DR 1703 E. OAK ST RIVERVIEW, FL 33569 ARCADIA, FL 34266	
2. Principal Place of Business - No P.O. Box # 1703 E. OAK ST.		3. Mailing Address 1703 E. OAK ST		4. FEI Number 20-4398858	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		Applied For <input type="checkbox"/> Not Applicable	
City & State ARCADIA, FL		City & State ARCADIA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34266		Country DESOTO		Zip 34266	
Country DESOTO		Country DESOTO		6. Name and Address of Current Registered Agent RAFOOL, RAYMOND J II 200 LAKE MORTON DR STE 400 LAKELAND, FL 33801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 D NAME DELEO, LOUIS V STREET ADDRESS 300 CYPRESS GARDENS BLVD CITY - ST - ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE D NAME MCKINNEY, LARRY D STREET ADDRESS 12435 WINDMILL COVE DR CITY - ST - ZIP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCKINNEY, LARRY D STREET ADDRESS 12435 WINDMILL COVE DR CITY - ST - ZIP RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE D NAME MCKINNEY, LARRY D STREET ADDRESS 12435 WINDMILL COVE DR CITY - ST - ZIP RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			(863) 494-9333		