

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074530

FILED  
Apr 21, 2010  
Secretary of State

**Entity Name:** MPA PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

3000 N OCEAN BLVD  
SUITE 406  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3000 N OCEAN BLVD  
SUITE 406  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 20-4957672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCHIONE, BERARDINO  
3000 N OCEAN BLVD  
SUITE 406  
FT LAUDERDALE, FL 33308 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:** P  
**Name:** PERNO, PATRICK  
**Address:** 2834 C HARRISON AVE  
**City-St-Zip:** PANAMA CITY, FL 32405

**Title:** VP  
**Name:** REDDIN, AIDEN J  
**Address:** 706 DANESBROOK WAY  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** S  
**Name:** GURNEY, MARC  
**Address:** 1463 VESTAVIA CIRCLE  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** VP  
**Name:** EVANS, KEITH  
**Address:** 2129 BRIANWOOD CIRCLE  
**City-St-Zip:** PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICK PERNO

P

04/21/2010

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

\_\_\_\_\_  
Date