

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 019 ***150.00

DOCUMENT # P06000081828

1. Entity Name

MEDICAL BUILDING MAINTENANCE, INC.



Principal Place of Business

Mailing Address

**7993 SE CARLTON SREET
HOBE SOUND FL 33455
US**

**7993 SE CARLTON SREET
HOBE SOUND FL 33455
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

56-2597060

Applied For

Not Applicable

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

**MORSE, PETER
7993 SE CARLTON ST
HOBE SOUND FL 33455**

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

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

Make Check Payable to Florida Department of State

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
☐ Delete

**P/T
MORSE, PETER
7993 SE CARLTON ST
HOBE SOUND FL 33455**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**VP/S
MORSE, INGRID
7993 SE CARLTON ST
HOBE SOUND FL 33455**

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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**D
MORSE, PETER
7993 SE CARLTON ST
HOBE SOUND FL 33455**

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #