

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90040 032 ***150.00

DOCUMENT # P06000130290

1. Entity Name

MFGD. SERVICES, INC.



Principal Place of Business

**3429 SAN BERNADINO DR.
SUITE B
DELRAY BEACH FL 33445**

Mailing Address

**3429 SAN BERNADINO DR.
SUITE B
DELRAY BEACH FL 33445**

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

3429 SAN BERNADINO DR.

Suite, Apt. #, etc.

Suite - B

3. Mailing Address

3429 SAN BERNADINO DR.

Suite, Apt. #, etc.

Suite - B

City & State

DELRAY BEACH FL.

City & State

DELRAY BEACH, FL

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH

1st MOORE

CR2E034 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**DESORCY, MARK F
3429 SAN BERNADINO DR.
SUITE B
DELRAY BEACH FL 33445**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE **P** ☐ Delete
NAME **DESORCY, MARK F**
STREET ADDRESS **3429 SAN BERNADINO DR. SUITE B**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VP** ☐ Delete
NAME **PEKAR, CHERYL A**
STREET ADDRESS **3429 SAN BERNADINO DR. SUITE B.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #