

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000135058**

1. Entity Name  
**MDR COMPUTERS, INC**



Principal Place of Business  
**34243 ISLAND DRIVE  
LEESBURG, FL 34788**

Mailing Address  
**34243 ISLAND DRIVE  
LEESBURG, FL 34788**

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5763547**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FURMAN, MARK D  
34243 ISLAND DRIVE  
LEESBURG, FL 34788**

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/30/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, S  
FURMAN, MARK D  
34243 ISLAND DRIVE  
LEESBURG, FL 34788**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
OHLWILER, JOHN  
501 LEWIS ST  
FRUITLAND PARK, FL 34731**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LOCK, ARRON  
2800 RULEME ST APT 22  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000948237  
06/02/08-80047-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

**04/30/08**  
Date

**352.707.0105**  
Daytime Phone #