

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000137595

1. Entity Name

MLP ASSOCIATES, INC.



Principal Place of Business

Mailing Address

719 WEST COURT
LONGWOOD FL 32750

P O BOX 940146
MAITLAND FL 32794-0146



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 (10/07)

4. FEI Number

22-3945945

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HUMPHREYS, MICHAEL J
STREET ADDRESS 719 WEST COURT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition
NAME 000000883234
STREET ADDRESS 04/16/08-80073-006 150.00
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HUMPHREYS, LILA D
STREET ADDRESS 719 WEST COURT
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE STD ☐ Delete
NAME HUMPHREYS, PATRICIA A
STREET ADDRESS 719 WEST COURT
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Patricia A. Humphreys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

(407) 830-5682
Daytime Phone #