

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90056 044 ***150.00

DOCUMENT # P06000150990

1. Entity Name
MAD BEACH SERVICES, INC.



Principal Place of Business
**4936 SOUTH PENINSULA DRIVE
PONCE INLET, FL 32127**

Mailing Address
**4936 SOUTH PENINSULA DRIVE
PONCE INLET, FL 32127**

40040881



2. Principal Place of Business - No P.O. Box #
4936 South Peninsula Drive
Suite, Apt. #, etc.

3. Mailing Address
404 Ocean Dunes Dr.
Suite, Apt. #, etc.

02162007 Chg-P CR2E034 (12/06)

City & State
Ponce Inlet, FL
Zip
32127
Country
USA

City & State
Daytona Beach, FL
Zip
32118
Country
USA

4. FEI Number
20-8001562
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHN S. NORTON, JR., P.A.
431 NORTH GRANDVIEW AVE
DAYTONA BEACH, FL 32118**

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 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DVORAK, MATTHEW	
STREET ADDRESS	4936 SOUTH PENINSULA DRIVE	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	DVORAK, PHILLIP	
STREET ADDRESS	4936 SOUTH PENINSULA DRIVE	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dvorak, Matthew	
STREET ADDRESS	404 Ocean Dunes Dr.	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-07