2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P0700064776 1. Entity Narme MEBAC INC.				03-31-2008 90004 037 ***150.00				
Principal Place of Business 4013 CATTLEMEN RD. SARASOTA, FL. 34233 SARASOTA, FL 34609 4142 MARINER BLVD. #414 SPRING HILL, FL 3460			9 .				# # # # # # # # # # # # # # # # # # #	
2. Principal Place of Business · No P.O. Box # 3985 Cattlemen rd 3985 Cattle			eman re	e man red		.		
Suite, Apt. #, etc. Suite, Apt. #, etc.					03042008	Chg-P	CR2E034 (12/	
Suraso	Ta FLorida		Florida		4. FEI Number	26-0271	1003	Applied For Not Applicable
3423	3 Savasota	34233	Country Saraso	ta	5. Certificate o	of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New Ro	egistered Agent	
1000 00 1147 27 0					ark E CoaTes ss (P.O. Box Number is Not Acceptable)			
#12 CLERMON	IT, FL 34714 .	420	53	Lago	way			
			City	Tara	50/9	,	FL Z	924/
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 Mail & Coats Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisitating) OAK								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECT	TORS IN 11
TITLE NAME STREET ADDRESS CITY ST ZIP	COATES, MARK E 4013 CATTLEMEN ROAD, SARASOTA,, FL 34233	Delete .	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Me Hz Su	all EC	outes way FL 3424	⊠ Chai	nge 🔲 Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP		C.J Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chai	nge 🗀 Addilion
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CITY · ST · ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME				Cha	nge Addition
STREET ADDRESS CITY ST ZIP		•	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								

LE Coute Mark E Coates 3-28-08 94/377-7061

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylore Proof 8